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Number 1 March

Number 2 June

SOCIAL SERVICE REVIEW

Contents

March 1988 Volume 62 Number 1

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SOCIAL SERVICE REVIEW

Contents

June 1988 Volume 62 Number 2

ERRATUM

Due to a printing error, two pages were out of order in "Residential Group Care for Children Considered Emotionally Disturbed, 1966–1981" by Thomas M. Young, Martha M. Dore, and Donnell M. Pappenfort (*Social Service Review* 62 [March 1988]: 158–170). Pages 163 and 162 should be reversed. We regret any inconvenience to the reader.

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Contents

September 1988 Volume 62 Number 3

Reviews

Book Reviews

Software Review

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Book Reviews

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Research Paradigms in Social Work: From Stalemate to Creative Synthesis

Colin Peile
Queensland, Australia

For the last 5 years, four American journals have been the venue for a vigorous debate concerning the appropriate research method for social work. The issues underlying the debate extend well beyond methodology and reflect a broader paradigmatic debate between empiricism and normativism. This debate is extremely important to the future direction of the profession. While the debate remains unresolved in these journals, some movement toward constructive syntheses is possible. Three syntheses are briefly discussed. They are the critical, new paradigm, and creative paradigms.

There is considerable agreement among social work writers that there is a significant trend toward an empirical, positivist, or scientific approach in social work research.[1] The question whether this trend benefits social work has been the focus of a heated debate between the supporters of the empirical and normativist paradigms. The purpose of this article is not to rekindle the conflict but rather to try to understand the issues that lie behind the debate, in order to encourage a more constructive resolution of the conflict.

My discussion of the debate is based on the contributions that have appeared in four journals, *Social Casework, Social Work, Social Work*

Social Service Review (March 1988).

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Research and Abstracts, and *Social Service Review*. Authors involved i the debate include Heineman (presently Heineman Pieper),[2] Hudson Geismar,[4] Fischer,[5] Gordon,[6] Ruckdeschel and Farris,[7] Geismar an Wood,[8] Rein and White,[9] Schuerman,[10] Holland,[11] Gyarfas,[12] Karger,[1 Imre,[14] Haworth,[15] Ruckdeschel,[16] Gambrill,[17] Mullen,[18] and Thyer.[1 I will consider the literature as a whole as I attempt to identify commo patterns and themes that occur in how knowledge is, and should be developed in social work, and in the actual process of the debate. Th debate itself is, of course, one example of how knowledge is develope in social work.

There is a surprisingly similar pattern of debate in each journal Common elements include the method of criticizing and the style o defending empiricism, the nature and clarity (and criticism) of proposed alternatives to empiricism, the understanding of opposing viewpoints, and the personalization of the debate. Each of these areas is considered in turn.

The Criticism and Defense of Empiricism

Those questioning the empiricist influence among social workers tend to define this influence narrowly and in a rigid way compared to those promoting empiricism. The critics argue that the tenets of empiricism are methodologically inadequate, outdated, and overly restrictive for social work research. Those promoting empiricism define it more broadly and pragmatically to avoid some of these criticisms.

The trend toward empiricism is variously defined by the critics as a movement toward logical empiricism,[20] rank empiricism,[21] neopositivism,[22] and logical positivism.[23] The supporters define the trend as moving toward science,[24] scientifically based practice,[25] and scientific inquiry.[26] Using the narrow definition of empiricism, the critics suggest that this approach to research is too restrictive for social work, because it limits the sorts of problems that can be studied.[27] A common concern is that only those aspects of a situation that are measurable and that can be defined operationally are meaningful and available for research.[28] For example, Holland[29] points to such concepts as love and faith that are crucial to social work practice and yet cannot be fully operationalized.

Drawing heavily on literature from the philosophy of science, where in some quarters empiricism has come under strong attack,[30] the critics claim that the empiricist approach is outmoded.[31] Heineman Pieper provides a useful overview of this attack. It includes criticism of the theory-observation distinction, operationalism, the symmetry thesis, the emphasis on justification, reductionism, and the prescriptiveness of empricism.[32]

Defending the empirical approach, Schuerman and Hudson both question the relevance of philosophy, drawing a sharp distinction be-

tween philosophy and science. Schuerman suggests that philosophy has little effect on the practice of science,[33] while Hudson goes farther and suggests that scientists should be wary of philosophers.[34]

The relevance of philosophy aside, most supporters of empiricism accept the validity of criticism with respect to the narrower views of empiricism. Hudson,[35] Schuerman,[36] and Geismar[37] agree that logical empiricism is a flawed model of science, but they argue that this model is not an important influence in social work research. They promote a more pragmatic empiricism and claim that this is, and should be, the major influence.[38] This enables them to avoid criticism specific to logical empiricism. For example, both sides recognize that observation is unavoidably biased. The difference is in how each tries to overcome the problem.

The critics resolve the problem of bias in observation by discarding the empiricist model. This could be labeled a "revolutionary" response. Supporters, taking a contrary position, offer pragmatic "reform." They suggest that, although observation is biased, it is still a sound basis for research, since people make remarkably similar observations.[39] Supporters seek to minimize their bias by standardizing research procedures and avoiding constructs that cannot be operationalized and measured.[40] This more pragmatic position is harder to attack methodologically.

The other prong of the critics' attack that relates to restrictiveness is avoided in a similar way. Geismar and Wood circumvent the problem by suggesting the importance of qualitative and alternative research in the preliminary work of establishing operational definitions.[41] Though such an approach opens up more methodological choice, qualitative or nonempirical research is still endowed with inferior status, while experimental research remains the most powerful method.[42] Geismar and Wood's argument is still unsatisfactory to the critics as it is this hierarchy of methods that they wish to reverse.[43]

While real differences exist between the views of critics and supporters, the exact nature of the difference is confused by varied claims about the nature of the trend from logical to pragmatic empiricism in social work research. Each side shifts the ground of the debate to launch counterattacks and to defend its own position. Both sides are, in effect, criticizing and defending very different points of view.

If the trend in social work research is toward the more pragmatic definition of empiricism and positivism rather than toward the more extreme logical empricist or logical positivist position,[44] many of the concerns of the critics are minimized, and a common ground is established that is not obvious at first sight. The critics acknowledge the importance of experience,[45] while the supporters acknowledge the problems of observational objectivity.[46] The real difference is not so much the awareness of the problems of empiricist approaches as it is the dilemma whether to reform or to revolt in the face of these problems.

advantages rather than value preferences."[72] They cite Ruckdeschel and Farris's article to illustrate this. However, in their own article they fail to make clear their value preferences. As an unfortunate result, they provide a further example of the very criticism they level at others. Imre also shows some awareness, arguing that research techniques and methods serve some kind of underlying philosophy and that failure to recognize this allows the philosophy to operate sub rosa.[73] She calls on social workers to address the philosophical issues, but she does not indicate the philosophical basis of empiricism and normativism and in fact appears to misunderstand the philosophical basis of positivism and empiricism. Metaphysics is described by Imre as "the broadest kind of inquiry into and reflection upon meaning and value in human life,"[74] and for this reason it is particularly promoted. Empirical science is said to stand within the philosophical or metaphysical framework rather than to eliminate it.[75] In her discussion, Imre does not treat positivism as a separate philosophy. Positivism has been defined as a philosophy that rejects metaphysical knowledge,[76] hence, to imply that metaphysical philosophy can incorporate positivism is to misunderstand that they represent antagonistic philosophical positions.

The task of understanding the full implications of the paradigmatic context of a research approach has only recently received attention with the popularization of Kuhn's work.[77] However, the failure of individual researchers to attend to this task may be indicative of the difficulties and risks involved. It is a complex task, not always directly relevant to the researcher's more specific purposes. Also, declaring openly one's paradigmatic context increases the possibilities for criticism and conflict.

Given the fact that no one in the debate makes his or her paradigmatic context explicit, we are forced to speculate on what is implied and to rely on the literature that deals with the paradigmatic context of the empiricist and normative approaches. I do not claim to have reviewed this literature exhaustively, but instead I have relied on a few authors and on my own impressions to construct the description outlined in table 2.

In considering the paradigmatic context of each research approach, it is important to realize that paradigms are not hard and fast sets of rules, as implied in the static description below. They are, more correctly, loose and evolving frameworks for the ongoing production and resolution of problems. As such, their historical context is important. I have previously characterized those who support the normative approach as revolutionaries and the pragmatic empiricists as reformers, though at other historical points, empiricism has been in the revolutionary position.[78]

From table 2 it is clear that the difference that exists between the empiricist and normativist at the epistemological level is also reflected

The Paradigmatic Context of Empiricism and Normativism

	Empiricism	Normative
Cosmological assumptions (the universe as a totality)	Causal deterministic view of reality	Knowledge is contextual and a symbolic social construction.
	The world is predictable, knowable, and measurable.[79]	Events can be explained and their meaning for people uncovered.
	Fragmentary view of reality (reality can be understood as separate parts).[80]	Parts can only be understood in context.
Ontological assumptions (the essence of nature and human nature)	Behavior can be explained in causal deterministic ways. It has a mechanistic quality.[81]	Behavior is intentional and creative.[82] It can be explained, but is not predictable.
	People are manipulatable and controllable.[83]	People shape their own reality.
Epistemological assumptions (knowing and how knowledge is generated)	Knowledge arises from experimentation and observation and is grounded in the certainty of sense experience.[84]	Knowledge arises from interpretation and insight and is grounded by empathetic communication with the subjects of the research.[85]
	Rejection of metaphysical knowledge.[86]	Symbols, meanings, and hidden factors are essential to understanding.
Ethical assumptions	A separation between knowledge and values.[87]	Values are the subject of research.
	Science produces knowledge. How it is used is a value, ethical or moral question, and is outside the concern of science.[88]	Moral or ethical relativism. Leads to disinterest in ethical issues or anarchistic individualism.[89]
Spiritual assumptions	Rejection of spiritual explanations or a clear separation between science and religion.	Relativism of spiritual beliefs. Such beliefs are important in the social construction of meaning.
Relationship and political assumptions	The relationship aim between science and society is control.[90]	The relationship aim is empathetic communication.[91]
	The value-free stance implicitly supports the dominations of the established order.[92]	Implicitly conservative since there is no structural or historical analysis of society.[93]
	Mutually supportive with both high technology capitalism[94] and centralized industrial socialism.	Mutually supportive with a liberal society allowing individual freedom and self-determination.

Note.—Superscript numbers refer to notes accompanying text.

at the cosmological, ontological, ethical, spiritual, and political levels. Thus the choice between research methods should not be made merely on the basis of epistemological arguments, but it should also be based on the compatibility of the research method with the researcher's own preferred paradigmatic assumptions or worldview, and these should be made explicit so that they can be challenged.

Unfortunately, there is little awareness of the paradigmatic context in the literature under review, hence the choice between approaches is based on narrow rationales, such as the suitability of the method to the research questions being asked.[95] The lack of awareness means that the assumptions operate sub rosa,[96] and that unknowingly, researchers are promoting a particular worldview and its consequent political implications. To maintain the rational character of scientific research, it is important that researchers try to understand the paradigmatic context of competing approaches and then use this understanding to make a purposive choice about which method and worldview they wish to adopt. Such paradigmatic understanding makes communication possible between exponents of rival paradigms. However, given the conflicting and antagonistic political and ethical views of those espousing the empiricist and normative approaches, how realistic is it to expect such communication? In many ways both positions are locked into a battle for dominance. Even if each understood the other, the conflict might still be vigorous. However, when neither side understands the other, we can expect that the conflict will not only be vigorous but it will also be confused.

Strategies of Conflict

Gyarfas suggests in commenting on the debate between Schuerman and Heineman Pieper that "neither really 'hears' the other."[97] This observation can be applied accurately to the entire debate under review. The style of the debate is similar to that between politically opposed factions, in which each does not want to hear the other. It is difficult to say how conscious the paradigmatic rivalry is, but whether conscious or not, several different political strategies can be identified in the debate that rely on rhetoric rather than on rational discourse. First, each writer tends to criticize specific points rather than to consider the other's complete argument in relation to its objectives. This means points are criticized out of context and their messages are distorted. It is common for writers to dismiss criticism because it misses the central purpose of their article.[98]

Second, both sides are engaged in what Pepper calls the fallacy of clearing the ground, which assumes that "if a theory is not perfect it is no good, and that if all other suggested theories are no good, then the ground is clear for whatever one's own theory can produce."[99] It

appears that authors in this debate assume that support for their own approach can be obtained by drawing attention to the failings of the rival approach. Each author seems to adopt the implicit view that if his or her view is true, all contradictory views must be false.

Third, each side of the debate uses arguments based on assumptions that reflect its own paradigmatic blinders that are different from those of the opponents. Each is playing the game, but each uses different rules. In a similar way both sides try to shift the ground of the debate, redefining the central issues or concerns of the debate to suit their own arguments. This confused logic makes effective communication and cooperative problem solving impossible.

Fourth, both sides polarize and personalize the debate. This strategy captures most vividly the political and ideological nature of the debate, hence it will be considered in more detail. The opponents' arguments are exaggerated to allow for easier criticism and to associate the opposition with unfavorable, extreme, outmoded, or unpopular positions, such as logical positivism and relativism. This leads to a polarization of the debate, encouraging people to take definite sides. The process of polarization encourages increasing personalization of the debate. It is common to identify key people as flag bearers for particular positions, to align with particular authors, and to criticize others.

Generally, criticism is leveled at the opposition's entire corpus of beliefs, with certain authors singled out as representatives of the opponents' views. Individual differences between authors and their idiosyncratic claims are overlooked. Criticism is thus leveled at a personalized representation of the side rather than at the specific arguments of a particular author. This association of people to sides leads to frequent claims of misrepresentation. At times this personalization has become very heated, as can be seen in the dialogues between Schuerman and Heineman,[100] Hudson and Holland,[101] Heineman Pieper and Thyer,[102] and, in a disguised way, between Gambrill and Heineman Pieper.[103] The personalized conflict can also be seen between different factions on the same side, as is evident in the bitter exchanges between Fischer and Gordon.[104] This style does not fit the stereotype of a reasonable scientific debate; it is much more consistent with political debate—a conclusion supported by Haworth[105] and Karger.[106] This is not surprising for the issue at stake is not simply one of research methodology. Important and far-reaching philosophical, political, and ethical issues are also involved.

Political conflict has been described as moving through five stages—focus on the issues, mobilization of support, confrontation, personalization, and redefinition.[107] Personalization is the most emotionally taxing stage, where the debate is most polarized, with personalities clearly attached to the issues. Each side tries to win supporters, not just by attacking the issues but also by denigrating the person. The

debate under review is well described by the personalization stage of the conflict process. The fifth stage involves a reorganization of the existing system or a resolution of the issues. Some dynamics in the debate create the possibility of a movement to the fifth stage. Other dynamisms seem to resist any movement beyond the fourth stage. Two ways in which a resolution of the conflict may be avoided will be discussed in turn.

One of the dangers of the fourth stage is that one side cannot sustain its emotional energy long enough to create the possibility of resolution. Karger suggests that the critics of empiricism have not been able to sustain the debate. He points out that individually they have rarely contributed more than one article to this debate, giving the appearance of a "pot-shot" strategy rather than that of a deliberate, concerted attack. He suggests that the critics have lacked the vociferous voices of Fischer and others who represent the empirical approach.[108] This is supported by the way in which two recent normative articles avoid direct criticism of the empiricist approach.[109] Heineman Pieper, spurred on perhaps by Karger's analysis, is one of the few authors who appears to sustain her critique. The literature promoting and developing empiricist methodologies for social work research has been expanding.[110] This can be demonstrated by the large number of articles on the particular empiricist methodology of single-case design.[111] Within a climate of political polarization where empiricism is dominant, it is little wonder that the normativists have been quiet. Unfortunately, the quietness has the effect of pushing the conflict underground, thus making resolution less likely.

A second way in which the conflict is avoided is by encouraging a mix of both empiricism and normative approaches without providing any conceptual framework to hold them together. Examples of this can be seen in Geismar and Wood's[112] suggestion that the opposing methods be seen on a continuum and in Gyarfas's[113] call for both sides to learn from each other. Similarly, Mullen[114] is critical of the polarization of the debate, arguing that the actual practice of social work research is varied, complex, even chaotic rather than dominated by the empiricist method. While Mullen, Geismar and Wood, and Gyarfas are correct in part, their analysis ignores the paradigmatic conflict that is very much a part of the chaos or continuum of methods. In this way they gloss over the very reality of the conflictual debate that they are engaging in. The effect of masking the conflict in this way is to encourage greater diversity among researchers (which is constructive), but it also puts a greater distance between them. Each is able to engage in his or her own research without expecting criticism and dialogue from those holding alternative positions. The conflict is thus dealt with by a fragmentation of social work research rather than by seeking a more unified direction. The conflict is not resolved but

it is pushed underground. It will inevitably emerge at some point but perhaps in a different context.[115]

Attempts at Synthesis

At first glance, it seems impossible to escape this conflict. The personalization, polarization, and paradigmatic context of the empiricist-normative debate seems to trap its participants into an ongoing battle that defies resolution. While they remain trapped in this repetitive process, the creative possibilities for social work research and practice will be limited.

One reason why each side remains committed to its own approach is that its own experience has shown that its method is helpful and seems to provide some grasp on the truth. What each side fails to recognize is that both sides might have a grasp on the truth. The fact that they have opposing viewpoints does not necessarily mean that one side is wrong. It could mean that each has a partial or an incomplete view. It is my argument that empiricism and normativism are in this position. In such a situation synthesis is required.

A synthesis is a distinctly different viewpoint that can encompass both partial views. It resolves the conflict and the differences between both partial positions by adopting a broader view that recognizes the truth in each position. A synthesis is not a simple mixture or merger of the characteristics of both sides; it is a completely different unity, with very different implications and conclusions. A synthesis of empiricism and normativism would set a new direction for social work.

Within the literature under review there are various explicit and implicit indications of a desire to move toward synthesis. Beckerman in 1978 seems to be calling for a synthesis when he argues that both sides of the debate need to be seen as interdependent.[116] Haworth in 1984 again seems to repeat the call by trying to identify an emerging paradigm that leads to wholeness.[117]

I will discuss very briefly three possible syntheses. To explore these in detail and to explain how they provide a synthesis of empiricism and normativism is outside the scope of this article. Each synthesis represents a different paradigm with its own cosmological, ontological, epistemological, ethical, spiritual, and political assumptions. Since each synthesis is not well established in the social work literature, all of these assumptions would need to be developed in detail to explain adequately each one and to provide a basis for comparing them with the empiricist and normativist paradigms. My intention here is simply to indicate that these syntheses already exist, to show some evidence of a movement toward them that can be found in the literature under review, and to provide some guide as to how they could be further explored.

The Critical Paradigm

The critical research approach has its origins in the writings of Marx and Hegel. Central to the critical approach is the notion of the dialectical process and of its universality. Knowledge develops through the dialectical process, which can be described as a movement that arises out of the conflict between thesis and antithesis. The conflict or contradiction between these opposites leads to a new synthesis, this new synthesis has its own immediate contradiction, and so the process goes on. The universality of the dialectical process means that everything has its opposite or its contradiction. Conflict is thus a central element of the critical approach; it drives knowledge forward.

The critical paradigm provides a synthesis of empiricism (thesis) and normativism (antithesis). It does this by seeing each of the contradictions listed in table 1 as locked into a dialectical process. Marcuse provides a good account of how the objective and subjective are joined in the dialectical process.[118] A useful general introduction to the critical paradigm and its research approach is provided by Fay.[119]

The critical approach is much more evident in British social work literature[120] than it is in the American. In the debate under review, Karger would appear to be the most closely associated with this school, as evidenced by his appreciation of the political and structural nature of the debate.[121]

The New Paradigm Research Approach

This approach is associated with the work of Reason and Rowan and the new paradigm research group.[122] The work of Feyerabend,[123] Burrell and Morgan,[124] Morgan,[125] and Pepper[126] is very similar and could also be described as new paradigm research. The essential similarity of these authors is in their rejection of the absoluteness of any one paradigmatic position and their adoption of a relativist standpoint that claims that all positions are necessary and interdependent in the development of knowledge.

In new paradigm research, the empiricist and normative approaches are synthesized as separate components within a multimethod epistemological approach. While both empiricism and normativism offer different insights into a field of interest, neither is seen as better than the other. For example, new paradigm research seeks to utilize both subjective and objective insights to make sense of reality.

Given the strong eclectic tradition in social work, new paradigm research could prove very popular. It does not offer a simple mixture but provides a consistent relativist philosophy within which the eclectic tradition might find a more secure footing. Evidence of the emergence of this position can be found on the normativist side in the work of Haworth[127] and Heineman Pieper[128] and on the empiricist side in

Fischer's promotion of eclecticism.[129] Though Heineman Pieper's heuristic perspective is very similar, she continually defines it in opposition to the empiricist approach and seems unaware of its possible synthetic nature.[130]

The Creative Paradigm

This approach grows out of the work of David Bohm,[131] Karl Pribram,[132] Ilya Prigogine,[133] and Rupert Sheldrake,[134] whose theories provide a very different way of understanding the universe. The application and development of these ideas for social work is the focus of my own research.[135] The creative paradigm adopts a wholistic view of reality in which parts are not separable but are enfolded in each other. This means that any segment of reality is implicitly enfolded throughout the whole and the whole is implicit in every segment. This cosmological position opens the way for a very different approach to both research and practice. The focus of creative research is to uncover this implicit undivided whole. The fundamental processes for achieving this are synthesis and insight.

Creative synthesis brings together two or more partial views (not necessarily in conflict) to provide a unified view. As an example, the creative paradigm provides a synthesis of empiricism and normativism. The creative view suggests that if we look at the actual practice of empiricism and normativism rather than at how that practice is explicitly described, we will find that elements of each approach are implicit in the other, so that in reality both approaches are inseparable. Problems arise when empiricism or normativism is thought to be a complete view, as it is in the debate under review. When such an approach is adopted, implicit elements of the actual research process are denied (a form of self-deception), which severely limits the utility of the research. Useful findings may be suppressed because the limited methodology cannot justify the means by which they are achieved. Also, a particular methodology may be given false credit for important findings. The creative approach aims at making the implicit explicit, recognizes itself as a partial rather than as a complete view, and in this way avoids self-deception.

However, the creative synthesis that brings different views together may lead to erroneous positions. Insight is the key that ensures that the resultant synthesis has some grasp on the truth. Creative cosmology suggests that the researcher is not separate from the object of research, but that each is enfolded in the other. This means that the object can be understood not only through the researcher's outward experience of the object but also—at the same time—through the researcher's own internal experience. This process of insight is neither subjective nor objective but is a synthesis which could be described as looking in through oneself to the whole.

Methods that encourage the processes of synthesis and insight will need to be found in order to develop the creative approach further. The creative approach is consistent with much of the theory of social work practice, but little evidence of the emergence of this approach is in the debate under review. Haworth's[136] approach, while fitting most consistently within the new paradigm model, does have aspirations that fit closely with the creative paradigm. Though he provides some elements useful to the creative approach, he does not show any evidence of its synthetic nature.

All three paradigms provide a constructive resolution of the empiricist-normative debate, opening up the possibilities for a new debate between the critical, new paradigm, and creative approaches. Each would take social work along a very different path. All three are similar in that each provides an approach to practitioner research. This warrants some mention because there is considerable interest at present in practitioner research in the social work literature.[137] I personally favor the creative approach, as it is consistent with my own moral, political, and philosophical views. However, I would support moves to any of these syntheses because any one of them would free up the debate and move it from its present position of stalemate and polarization.

Conclusion

In this essay I have returned to an old debate that is still unresolved in an effort to provide a deeper understanding and to encourage some constructive development. Currently, the debate appears to be at the polarized and personalized stage in which the empiricists have gained the upper hand.

The way forward I have suggested is by means of synthesis. The movement toward synthesis will require a reactivation of the debate, but a reactivation that will enable the participants to give up their own positions in an attempt to understand the opposing position. When both positions are held simultaneously, synthesis is possible.

Various dynamics within the debate create very different possibilities for the future. The outcome will depend on the commitment and actions of those involved in the paradigmatic conflict and in the social, political, and economic context within which social work finds itself. The outcome of the paradigmatic conflict is very important as it directly influences the nature of the whole profession.

I am aware that the emerging syntheses described here have their own paradigmatic qualities that conflict with the empiricist and normative paradigms. Thus, it is not just a change of methods but also a paradigmatic shift that is being sought. How such a shift can be achieved is a very complex matter.[138] However, an open discourse between all positions can only make a positive contribution to the

development of all approaches, thus enabling social work research and practice to be more effective and creative.

Notes

I acknowledge the support and assistance of Emerita Professor Edna Chamberlain, Dr. Allan Halladay, and Dr. Malcolm McCouat in the preparation of this paper.

1. J. Fischer, "The Social Work Revolution," *Social Work* 26 (May 1981): 199–207; M. B. Heineman, "The Obsolete Scientific Imperative in Social Work Research and Practice," *Social Service Review* 55 (September 1981): 371–97; W. H. Hudson, "Author's Reply," *Social Service Review* 57 (June 1983): 340–41; R. W. Imre, "The Nature of Knowledge in Social Work," *Social Work* 29 (January–February 1984): 41–45; H. J. Karger, "Science, Research and Social Work: Who Controls the Profession?" *Social Work* 28 (May–June 1983): 200–205. Their observations are supported by a recent content analysis by T. Tripodi, "Trends in Research Publication: A Study of Social Work Journals from 1956–1980," *Social Work* 29 (1984): 353–59.
2. Heineman, "The Obsolete Scientific Imperative" (n. 1 above), and "Author's Reply," *Social Service Review* 56 (March 1982): 146–48; M. Heineman Pieper, "Author's Reply," *Social Service Review* 56 (June 1982): 312, "The Future of Social Work Research," *Social Work Research and Abstracts* 21, no. 4 (1985): 3–11, and "Letters—the Author Replies," *Social Work Research and Abstracts* 22, no. 2 (1986): 2.
3. W. H. Hudson, "Scientific Imperatives in Social Work Research and Practice," *Social Service Review* 56 (June 1982): 242–58, "Author's Reply" (n. 1 above), and "Letters: The Proof Is in the Pudding," *Social Work Research and Abstracts* 22, no. 2 (1986): 2.
4. L. L. Geismar, "Comments on 'The Obsolete Scientific Imperative in Social Work Research,'" *Social Service Review* 56 (June 1982): 311–12.
5. Fischer, "Social Work Revolution" (n. 1 above), and "Revolution, Schmevolution: Is Social Work Changing or Not?" *Social Work* 29 (January–February 1984): 71–74.
6. W. E. Gordon, "Social Work Revolution or Evolution?" *Social Work* 28 (May–June 1983): 181–85, and "Gordon Replies: Making Social Work a Science-based Profession," *Social Work* 29 (January–February 1984): 74–77.
7. R. A. Ruckdeschel and B. E. Farris, "Assessing Practice: A Critical Look at the Single-Case Design," *Social Casework* 62 (1981): 413–19, and "Science: Critical Faith or Dogmatic Ritual: A Rebuttal," *Social Casework* 63 (1982): 272–75.
8. L L. Geismar and K. M. Wood, "Evaluating Practice: Science as Faith," *Social Casework* 63 (1982): 266–72.
9. M. Rein and S. H. White, "Knowledge for Practice," *Social Service Review* 55 (March 1981): 1–41.
10. J. R. Schuerman, "The Obsolete Scientific Imperative in Social Work Research," *Social Service Review* 56 (March 1982): 144–48.
11. T P. Holland, "Comments on 'Scientific Imperatives in Social Work Research and Practice,'" *Social Service Review* 57 (June 1983): 337–41.
12. M. G. Gyarfas, "The Scientific Imperatives Again," *Social Service Review* 57 (March 1983): 149–50.
13. Karger (n. 1 above).
14. Imre (n. 1 above).
15. G. O. Haworth, "Social Work Research: Practice and Paradigms," *Social Service Review* 58 (September 1984): 343–57.
16. R. A. Ruckdeschel, "Qualitative Research as a Perspective," *Social Work Research and Abstracts* 21, no. 2 (1985): 17–21.
17. E. D. Gambrill, "Editorial," *Social Work Research and Abstracts* 21, no. 4 (1985): 2.
18. E. J. Mullen, "Methodological Dilemmas in Social Work Research," *Social Work Research and Abstracts* 21, no. 4 (1985): 12–20.
19. B. A. Thyer, "Letters—on Pseudoscience and Pseudoreasoning," *Social Work Research and Abstracts* 22, no. 2 (1986): 2.
20. Heineman, "Obsolete Imperative" (n. 1 above), p. 371.
21. Gordon, "Social Work: Revolution" (n. 6 above), p. 182.

22. Ruckdeschel and Farris, "Critical Faith" (n. 7 above), p. 275.
23. Imre, "Nature of Knowledge" (n. 1 above), p. 41.
24. Hudson, "Scientific Imperatives" (n. 3 above), p. 256.
25. Fischer, "Social Work Revolution" (n. 1 above), p. 22.
26. Geismar and Wood (n. 8 above), p. 272.
27. Heineman, "Obsolete Imperative," pp. 371–75; Imre, "Nature of Knowledge" (n. 1 above), p. 41; Ruckdeschel and Farris, "Assessing Practice," p. 416.
28. Gordon, "Social Work: Revolution," p. 184; Heineman, "Obsolete Imperative," p. 373.
29. Holland (n. 11 above), p. 337.
30. Heineman, "Obsolete Imperative," p. 371; Imre, "Nature of Knowledge," pp 41–43; Ruckdeschel and Farris, "Assessing Practice," p. 416; G. O. Haworth (n. 15 above), p. 347.
31. Heineman Pieper, "Future of Social Work" (n. 2 above), p. 3.
32. Heineman, "Obsolete Imperative" (n. 1 above), pp. 377–87.
33. Schuerman, "Obsolete Scientific Imperative" (n. 10 above), p. 145.
34. Hudson, "Scientific Imperatives" (n. 3 above), p. 250.
35. Ibid., pp. 247, 249.
36. Schuerman (n. 10 above), pp. 144–45.
37. Geismar (n. 4 above), p. 311
38. Geismar and Wood provide a good example of pragmatic science, according to Ruckdeschel and Farris, "Critical Faith" (n. 7 above), p. 278.
39. Hudson, "Scientific Imperatives," p 252.
40. Ibid., p. 256, tenet 5; however, Hudson ("Author's Reply" [n. 3 above], p. 339), challenges Holland's claim that empiricism cannot deal with love, courage, and hope, suggesting we know these things only through our own experience and through the indirect experience of others who report them.
41. Geismar and Wood (n. 8 above), pp. 271–72.
42. Ibid., p. 271.
43. Ruckdeschel and Farris, "Critical Faith," p. 274; Haworth (n. 15 above), p. 345
44. While *logical* empiricist or *logical* positivist are not labels that Fischer and Hudson accept, their writings show that they accept the labels, empiricist or positivist. Hudson defines empiricism as "the practice of relying on observation and experiment," in "Scientific Imperatives" (n 3 above), p. 257. W. C. Young, in *A Christian Approach to Philosophy* (Grand Rapids, Mich.: Baker, 1973), p. 247, defines positivism as "the worldview which rejects the possibility of metaphysical knowledge." However, a central tenet of logicism that propositional logic (which includes mathematics) is truth-preserving (Heineman, "Obsolete Imperative," p. 392, n. 3) is a description Fisher and Hudson do not wish to accept. Positivism and empiricism are terms used interchangeably in the social work literature under review, as they are commonly associated beliefs (e.g., Imre, "Nature of Knowledge" [n. 1 above], p. 41). The trend in social work can be seen as a movement toward a constellation of both beliefs.
45. Heineman, "Author's Reply" (n. 2 above), p. 147; Holland (n. 11 above), p. 338
46. Hudson, "Scientific Imperatives" (n. 3 above), p. 253.
47. Ruckdeschel, "Qualitative Research" (n. 16 above), p. 20; Heineman Pieper, "Future of Social Work" (n. 2 above), p. 8; Ruckdeschel and Farris, "Assessing Practice" (n. 7 above), pp. 416, 419; Haworth, pp. 352–53, 355.
48. Geismar (n. 4 above), p. 147; Schuerman (n. 10 above), p 146; Hudson, "Letters," p. 340; Mullen (n. 18 above), pp. 8–9.
49. This assessment is in contrast to Karger, who suggests that there is no serious competition to empiricism. Karger denies that the various qualitative models reflect a unified position. See Karger (n. 1 above), p. 202.
50. R. Lecomte, "Basic Issues in the Analysis of Theory for Practice in Social Work" (Ph.D. diss., Bryn Mawr College, 1975).
51. Ruckdeschel, "Qualitative Research."
52. Heineman, "Obsolete Imperative" (n. 1 above), p. 391; Mullen, p. 17.
53. Heineman, "Obsolete Imperative," p. 391; Hudson, "Scientific Imperatives"; Heineman Pieper, "Future of Social Work," p. 5.
54. Imre, "Nature of Knowledge" (n. 1 above), p. 43.
55. Ruckdeschel, "Qualitative Research" (n. 16 above).

56. Ibid., p. 417; Geismar and Wood (n. 8 above); Heineman Pieper, "Future of Social Work," p. 3.
57. Hudson, "Letters" (n. 3 above), p. 340; Heineman Pieper, "Future of Social Work" (n. 2 above), p. 5; Ruckdeschel and Farris, "Assessing Practice," pp. 417–18; Mullen (n. 18 above), p. 14.
58. Heineman, "Author's Reply" (n. 2 above), p. 147, and "Obsolete Imperative" (n. 1 above), p. 391; Ruckdeschel and Farris, "Assessing Practice" (n 7 above), pp. 417–18.
59. Ruckdeschel and Farris, "Assessing Practice" (n. 7 above), pp. 416–17.
60. Ruckdeschel and Farris, "Critical Faith" (n. 7 above), p. 275.
61. Lecomte (n. 50 above), pp. 180–89.
62. Ibid. For further discussion of this debate in the social sciences see B. Fay and J. D. Moon, "What Would an Adequate Philosophy of Social Science Look Like?" *Philosophy of the Social Sciences* 7 (1977): 209–27; B. Fay, *Social Theory and Political Practice*, London· Allen & Unwin, 1977); G. Morgan and L. Smircich, "The Case for Qualitative Research," *Academy of Management Review* 5, no. 4 (1980): 491–500; and G. Burrell and G. Morgan, *Sociological Paradigms and Organizational Analysis* (London: Heineman, 1979).
63. Karger (n. 1 above).
64. Rein and White (n. 9 above).
65. Haworth (n. 15 above).
66. Imre, "Nature of Knowledge" (n. 1 above).
67. Mullen (n 18 above).
68. Heineman Pieper, "Future of Social Work" (n. 2 above), p. 6.
69. Mao Tse-tung, "On Contradiction," in *Selected Works of Mao Tse-tung* (Peking: Foreign Language Press, 1967), 1:343.
70. J. Rowan and P. Reason, "On Making Sense," in *Human Inquiry: A Sourcebook of New Paradigm Research*, ed. P Reason and J. Rowan (Chichester: Wiley, 1981), p. 130; Reason and Rowan, *Human Inquiry*.
71. Similarly, within each approach there are many divisions. Within, e.g., the empiricist approach, two opposing camps can be identified, the inductivists and the falsificationists. See A F. Chalmers, *What Is This Thing Called Science?* (Queensland: University of Queensland Press, 1978). The difference between Fischer and Gordon could be explained by this distinction The divisions within the normative approach are evident in the alternatives offered by Heineman, Ruckdeschel and Farris, Imre, Ruckdeschel, and Haworth The disunity of the normative approach has been identified as one of its major weaknesses, when it is compared to the empiricist approach. See Karger (n. 1 above).
72. Geismar and Wood (n. 8 above), p. 268.
73. Imre, "Nature of Knowledge" (n. 1 above), p. 42.
74 Ibid , p. 44.
75. Ibid.
76. See n. 44 above.
77 T. S. Kuhn, *The Structure of Scientific Revolutions* (Chicago: University of Chicago Press, 1970).
78. A. Wedberg, *A History of Philosophy* (Oxford· Clarendon Press, 1982), 2:1–6.
79. Morgan and Smircich (n. 62 above), p. 495.
80. Reason and Rowan, eds. (n. 70 above), p. xiv.
81 Morgan and Smircich (n. 62 above), pp. 492, 495.
82 Ibid., p. 495.
83. B. Easlea, *Liberation and the Aims of Science* (Brighton. Sussex University Press, 1973), p. 262.
84. Ibid., p. 74.
85. Fay (n. 62 above), p. 23.
86. J Habermas, *Knowledge and Human Interests* (Boston: Beacon Press, 1968), p. 78.
87. Fay, p. 23
88. J. M. Broughton, and M. E. Zahaykevich, "The Peace Movement Threat," *Teachers College Record* 84, no. 1 (1982): 152–73.
89. C. Dandeker, "Theory and Practice in Sociology: The Critical Imperatives of Realism," *Journal for Theory of Social Behaviour* 13, no. 2 (1983): 195–210.
90. Fay, p. 41; Habermas, p. 76.

91. Fay, pp. 81–82.
92. Easlea, p. 173.
93. Fay, pp. 84, 90, 91.
94. Broughton and Zahaykevich, p. 154; Fay, p. 47.
95. Geismar and Wood (n. 8 above), pp. 271–72; Heineman, "Obsolete Imperative" (n. 1 above), p. 391.
96. Imre, "Nature of Knowledge" (n. 1 above), p. 42.
97. Gyarfas (n. 12 above), p. 144.
98. Heineman, "Author's Reply" (n. 2 above), p. 146; Heineman Pieper, "Author's Reply" (n. 2 above), p. 312; Hudson, "Letters" (n. 3 above), p. 339.
99. S. C. Pepper, *World Hypotheses* (Berkeley: University of California Press, 1942), pp. 100–101.
100. Schuerman (n. 10 above); Heineman, "Author's Reply."
101. Hudson, "Scientific Imperatives" (n. 3 above); Holland (n. 11 above).
102. Heineman Pieper, "Future of Social Work" (n. 2 above); Thyer (n. 19 above).
103. Gambrill's editorial (n. 17 above) preceding Heineman Pieper's article, "The Future of Social Work," suggests, in effect, that the reader disregard that article. The criteria set up by the editor to evaluate Heineman Pieper's and Mullen's articles clearly denigrate Heineman Pieper's contribution and support Mullen's. This is an unusual role for an editor to take, I believe. It shows the personal investments people have in building popular support for their side of the debate.
104. Gordon quite correctly describes Fischer's response to his article as "unrestrained verbal abuse, name-calling, and general lashing out" (Gordon, "Replies" [n. 6 above], p. 74). He claims he would not stoop to Fischer's level of discourse, but he goes on to describe the content of Fischer's response as rhetoric and innuendo that is without allegiance to fact or logic, and he accuses Fischer of lying. He also suggests to Fischer that he should read more than his own works and the Thesaurus. Such accusations lose some of their bite when they are taken out of context, but this example indicates the strong abusive element in the debate.
105. Haworth (n. 15 above), p. 344.
106. Karger (n. 1 above).
107. A. Kelly, "Looking at the Rules of Social Action," *Continuum* 2, no. 2 (January 1983): 30–37.
108. Karger (n. 1 above), p. 201.
109. R. W. Imre, "Tacit Knowledge in Social Work Research and Practice," *Smith College Studies in Social Work* 55, no. 2 (1985): 135–49; Ruckdeschel, "Qualitative Research" (n. 16 above).
110. Tripodi (n. 1 above).
111. S. B. Berlin, "Single-Case Evaluation: Another Version," *Social Work Research and Abstracts* 19 (1983): 3–11; E. V. Thomas, "Research and Service in Single-Case Experimentation: Conflicts and Choices," *Social Work Research and Abstracts* 14 (1978): 20–31; S. E. Zimbalist, "The Single-Case Clinical Research Design in Developmental Perspective: Mainstream or Tangent?" *Journal of Education for Social Work* 19, no. 1 (1983): 61–66; F. C. Johnson, "Practice versus Research: Issues in the Teaching of Single-Subject Research Skill," *Journal of Education for Social Work* 17, no. 2 (1981): 62–68; J. C. Nelson, "Issues in Single-Subject Research for Non-Behaviourists," *Social Work Research and Abstracts* 17 (1981): 31–37, and "Verifying the Independent Variable in Single-Subject Research," *Social Work Research and Abstracts* 21, no. 2 (1985): 3–8; K. J. Corcoran, "Aggregating the Idiographic Data of Single-Subject Research," *Social Work Research and Abstracts* 21, no. 2 (1985): 9–12; E. D. Rankin and J. C. Marsh, "Effects of Missing Data on the Statistical Analysis of Clinical Time Series," *Social Work Research and Abstracts* 21, no. 2 (1985): 13–16.
112. Geismar and Wood (n. 8 above), pp. 271–72.
113. Gyarfas (n. 12 above), p. 150.
114. Mullen (n. 18 above), pp. 18–19.
115. The battle line could well move from one drawn between social work research to one drawn between researchers and practitioners. There have been strong pleas for social workers to adopt a more empirical approach to practice. See Fisher, "Social Work Revolution" (n. 1 above); D. H. Siegel, "Effective Teaching of Empirically Based Practice," *Social Work Research and Abstracts* 25 (1985): 40–48. The empiricists have lamented the lack of interest practitioners seem to show toward reading and using research findings,

nd various strategies have been developed to reverse this situation. J. E. Gordon, Creating Research-based Practice Principles: A Model," *Social Work Research and Abstracts* 4 (1984): 3–6; T. Tripodi and I. Epstein, "Incorporating Knowledge of Research Methodology into Social Work Practice," *Journal of Social Service Research* 2, no. 1 (1978): 5–78; D. H. Siegel, "Can Research and Practice be Integrated in Social Work Education?" *ournal of Education for Social Work* 1, no. 3 (1983): 12–19; C. Sutton and P. McBride, Keeping Up with Research Findings Relevant to Social Work," *Contemporary Social Work ducation* 3 (1980): 191–95. Though they have had some success in encouraging empirically based practice or practitioner research, the empiricists have failed to identify he limited use of research findings as a function of the paradigmatic conflict. A. H. eckerman, "Differentiating between Social Research and Social Work Research: Implications for Teaching," *Journal of Education for Social Work* 14, no. 2 (1978): 9. The onflict arises because, for the most part, practitioners subscribe to the normative paradigm bid). As a result, practitioners find it hard to understand and to utilize empirical esearch. To date, practitioners have not engaged directly in the conflict, possibly ecause they are unaware of their own paradigmatic base and of its internal validity. s a result, they are unaware of the normative practitioner-research approach by means f which they could see themselves as "researchers." Recent articles by Imre and Ruckeschel (n. 109 above) offer beginning attempts to develop such an approach. If this pproach gains momentum, conflict could erupt between normative practitioner-researchers and empiricist practitioner-researchers. At present the empiricists are significantly more advanced in the articulation of practitioner-research methods and of empiricist method in general. Given the long history of the paradigmatic conflict in social ork—and in the social sciences in general—it is likely that at some time in the future he pendulum may swing the other way.

116. Beckerman, p. 14.
117. Haworth (n. 15 above), p. 345.
118. H. Marcuse, *Reason and Revolution* (London: Routledge & Kegan Paul, 1968), p 94–120.
119. Fay (n. 62 above).
120. P. Leonard, *Personality and Ideology: Towards a Materialist Understanding of the ndividual* (London: Macmillan, 1984).
121. Karger (n. 1 above).
122. Reason and Rowan (n. 70 above).
123. P. Feyerabend, *Against Method* (London: New Left Books, 1975).
124. Burrell and Morgan (n. 62 above).
125. G. Morgan, *Beyond Method* (Beverly Hills, Calif.: Sage, 1983).
126. Pepper (n. 99 above).
127. Haworth (n. 15 above).
128. Heineman, "Author's Reply" (n. 2 above); Heineman Pieper, "Future of Social ork" (n. 2 above).
129. Fischer, "Social Work Revolution" (n. 1 above).
130. An implicit awareness of the synthetic nature of her position is evident in her esponse to Thyer (n. 13 above). An explicit development of her position as a synthesis ould decrease confusion in the debate.
131. D. Bohm, *Wholeness and the Implicate Order* (London: Routledge & Kegan Paul, 980), and "Insight, Knowledge, Science and Human Values," *Teachers College Record* 2, no. 3 (1981): 380–402; J. Briggs and F. D. Peat, *The Looking Glass Universe: The merging Science of Wholeness* (New York: Cornerstone, 1984).
132. Briggs and Peat. See chap. 5 for discussion of Pribram's work.
133. Ibid.; I. Prigogine and I. Stengers, *Order out of Chaos* (Boston: Shambhala, 1984).
134. R. Sheldrake, *A New Science of Life* (London: Paladin, 1985).
135. C. Peile, "Creative Social Work Research: Towards a Synthesis of Empiricism nd Normativism" (discussion paper, University of Queensland, 1986).
136. Haworth (n. 15 above).
137. H. Broxmeyer, "Practitioner-Research in Treating a Borderline Child," *Social ork Research and Abstracts* 14 (1978): 5–11; R. P. Barth, "Education for Practice-Research: owards a Reorientation," *Journal of Education for Social Work* 17, no. 2 (1981): 19–25; ischer, "Social Work Revolution," p. 201; R. M. Grinnell, *Social Work Research and valuation* (Itasca, Ill.: Peacock, 1985).
138. See Kuhn (n. 77 above).

South African Social Work and the Norm of Injustice

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This article discusses the roots and historical antecedents of Apartheid and the norm of injustice supported in South Africa and reviews and analyzes the development of social work within that context. I believe that the person-in-environment conceptualization is the cornerstone of social work. The article concludes that a primary attribute of South African social work is a repudiation of the person-in-environment, and the underlying factors for this are discussed. Finally, the paper reflects on the implications of person-in-environment for non–South African social workers as they address social justice concerns in that country.

Afrikaans writer Andre Brink has said that " . . . South Africa runs like a sewer through the conscience of the world."[1] Breyten Breytenbach, also an Afrikaner, echoes Brink by saying that " . . . South Africa is a running sore on the world's conscience."[2] This article will discuss the country that is the focus of those powerful images and the fact that there are social workers and social work educators living, working, and struggling in that sewer striving to heal the sore while avoiding its infection. The discussion is informed by my experience during a 2-year appointment as a visiting senior lecturer at the School of Social Work of the University of Cape Town, 1984–85.

Social work in South Africa is faced with the challenge of meeting the structured norm of injustice that is the hallmark of that benighted country. The complexity of South Africa and the emotion that is currently attached to the country create formidable challenges for reasoned discussion. This is particularly true when focusing on social work, since

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is an activity that ideally aids persons in need and promotes human gnity and justice. But, because South Africa actively concerns so any of us, we must address its challenges to our sensibility, rationality, ıd professional mission.

Since South Africa is so "tainted" by Apartheid, much analysis is ten a matter of "describe and deplore." Heribert Adam has observed at " . . . it is necessary to analyze rather than merely condemn ɔartheid. This requires study of the interests implicit in the policy. uch of the . . . literature on South Africa, however, merely denounces e Apartheid system and expresses disgust . . . a realistic and detailed ıalysis of the exsisting situation seems to be a prerequisite for any ıestion as to how change in South Africa might be instrumented."[3] The polemical approach described by Adam and often taken by ersons writing about South Africa generally leads to a failure to place hat is being reported into context.

Apartheid/Separate Development has a profound impact on the 'pe of social work, both practice and education, found in South Africa. [owever distasteful the results of a particular context may be, distaste not grounds for avoiding the struggle to understand it and to utilize ıis understanding as a basis for response, confrontation, and change f an admittedly disturbing reality. Further, to "understand" does not ıean that one condones the actions that are being investigated.[4] This st distinction is often lost in discussions about South Africa. In an ffort to avoid this difficulty, and before focusing on South African ɔcial work, some definitions and background material will be provided.

ˌpartheid/Separate Development

[eribert Adam provides a succinct definition of Apartheid as "the 'stematic attempt to reverse economic integration as much as possible y legislating social barriers in order to channel the inevitable political ɔnsequences of African economic development in the interests of the rivileged whites."[5]

Apartheid, or Separate Development, has a long history in South frica. It is based on a historic obsession with ethnic differences and ith the assumption that people form communities that possess per-ıanent elements of "culture" that cannot and should not be eroded. he basic elements of these assumptions about culture and community, ıd the basic outline of the notion of Apartheid/Separate Development, ere explicit as early as the 1903 Native Affairs Commission Report repared for the British Colonial Office. However, Fredrickson argues ıat the roots of this view can be traced to the nineteenth century.[6] he 1903 report, informed in large part by the anthropology of the me, elaborated the necessity for a governmental policy that would reserve native African culture and protect white European culture.

The basic elements of Apartheid are those establishing the social, economic, and political context in which Blacks[7] may operate. These include: the Black Land Acts (1913), specifying "homeland" areas reserved "exclusively" for occupation and tenure by Africans; the Black (urban areas) Consolidation Act (1945), creating influx control and pass-law requirements for Blacks outside homeland areas; Prohibition of Mixed Marriages Act (1949); Immorality Act (1957) prohibiting sexual relations between Whites and Blacks; Population Registration Act (1950) requiring classification into one of three categories: White, Colored, or Black (since revised to include several subgroups of Colored and African categories); Promotion of Black Self-Government Act (1959), and the related National States Citizenship Act (1970), establishing all Africans as citizens of self-governing "national" states; the Group Areas Act (1966) specifying the geographical areas outside the national states in which racial groups may reside, own or rent property, or work; and the Separate Amenities Act (1933) requiring segregation of public accommodations and services.[8]

In addition to these are a set of political controls, including the Political Interference Act, which prohibits mixed race political parties or activities, and the Suppression of Communism Act (1954), which allows the prime minister (now state president) to name as a Communist anyone who "advocates, advises, defends, or encourages . . . actively or by omission . . . any objects of communism."

The result of this design has been to reduce Black Africans to the status of guest workers. With non–South African citizenship, passports, and work and residence permits restricting Blacks, the fiction of a White, "European" republic is preserved and South Africa becomes a functional one-party state controlled by Afrikaners through the National Party.

It is tempting to read the preceding description of Apartheid's specific characteristics and see it simply, and only, as a system of sociological manipulation. Nevertheless, remembering Adam's observation above, we need to try to see how this system may indeed "make sense" and in this way keep us from dehumanizing the "enemy."

Therefore, Apartheid can be summarized as a political system, subject to the demands of a powerful ethnic national movement of Afrikaners and the ideology of Afrikaner nationalism. The system is a reaction initially to British Imperialism, and later to internal racial/ethnic forces. It pursues a utopian vision[9] that has produced a pattern of social policy and development that attempts to implement a construction of reality and social ideals representing the perceived national interest of the dominant political group. I will now describe the Afrikaner worldview and Afrikaner nationalism, which became the expression of this utopian vision.[10]

Afrikaner Nationalism and the South African Utopia

The central historical role of the Afrikaner must be understood in order to comprehend any aspect of current South Africa. This understanding is particularly crucial for a discussion of South African social work since it is the Afrikaner and Afrikaner nationalism that fundamentally define the norm of injustice in South Africa.

In 1948, the National Party defeated the United Party by a narrow margin, placing Afrikaner Nationalists in power and allowing them to implement their ideology. The ascendency to political power and control signified by this electoral victory was the culmination of a steady process that began in the nineteenth century when the Afrikaners in the then Cape Colony conducted their "Great Trek."

The "Trek" was a movement of Afrikaners from the Cape Colony into the interior regions of South Africa. This movement was conducted by groups of Afrikaners driving large oxen-drawn wagons, reminiscent of the wagon trains of those who moved to the western United States in the nineteenth century. The Trek was not one mass movement, but a series of groups moving away from the British centers of influence.

One important date in the period of the Trek is February 2, 1837, when the "Retief Manifesto" appeared in the *Grahamstown Journal.*[11] This statement, attributed to Piet Retief, one of the major leaders of the Trek, stated the feelings and principles of the Afrikaner Trekkers who had "quit" the Cape Colony and fled from what they viewed to be the abuses of imperial power on the part of the British Crown. The Trekkers viewed such acts as having English declared the official language and the outlawing of slaves as motivation for the Afrikaners to revolt by leaving the colony and moving into areas of South Africa heretofore occupied by the Xhosa, Ndebele, and Zulu societies.

The Trek is shrouded in historical mystification and debate. Whatever the causes and motivations for this group migration, Davenport has observed: "There is a tradition in Afrikaner historiography which has represented the Trek as a milestone in the development of conscious Afrikaner Nationalism, portraying the Voortrekkers as 'nationally aware Afrikaners.' . . . Its existence became of great significance historically in helping to build up the Trek as perhaps the central event in the evolution of an Afrikaner mystique."[12]

These Afrikaners and their forebears have been described as:

> . . . an intensely religious people. . . . A mixture of Dutch, Flemish Huguenot stock. . . . They were almost paranoically independent. They wanted to be alone. They asked nothing of government, and offered nothing in return. Bold, bloody-minded, sanctimonious outdoor people, they wanted only freedom to wander where they liked, establish their farms as they pleased, worship their own God and mind their own business. . . . [By the nineteenth century]

they had long ago become indigenous to Africa, and adopted some of its values. The local Hottentots they enslaved, the local bushmen they virtually exterminated, the fierce and magnificent tribes of the African interior they kept at bay by force of arms. . . . They worshiped a severe Calvinist version of the Christian God. He was a God of absolutes. His commandments were inflexible. He was a literal God, who had revealed his truths once and for all in the infallible text of the Old Testament. He was a God who had decreed, if only implicitly, that every Boer farmer was his own master, with a right to his own African farm, and absolute leave to exploit the Black peoples of the continent as his own conscience allowed.[13]

The descendents of these Afrikaners assumed political control of South Africa in 1948. They followed their victory with a rapid consolidation of political, bureaucratic, and economic power through the implementation of the social policy that the world has come to know as Apartheid/Separate Development.

The 1948 victory completed a process of mythology building that had been initiated to unify the indigenous frontier Afrikaner colonists. The impetus for this mythology-building process had as much to do with a dislike of the British as it did with any communal ethnic prejudice or Black racism. The Afrikaner of the nineteenth and most of the first half of the twentieth centuries probably viewed Britain and British Imperialism as a threat at least equal to if not more serious than any from the indigenous African. The Boer War had been a bloody and violent resistance on the part of the Afrikaners to defend their two republics, the Transvaal and the Orange Free State, against British Imperialism and its greed over the discovery of gold and diamonds during the latter quarter of the nineteenth century. The defeat of the Boers and the use of concentration camps for Afrikaner women and children provided a strong shared experience around which the heretofore individualistic Afrikaners could rally.[14] Taken together with the already established notions of White supremacy, the years from the end of the Boer War to the outbreak of World War II can be seen as a period during which a mythology-building process provided a useful explanatory framework for the past and a guide for the future. This Afrikaner nationalism promoted the post-1948 social development that makes South Africa such a burning issue for us today.

Afrikaner nationalism as a force has evoked debate and speculation concerning its foundations and its exact content.[15] There is a consensus that religion, specifically Calvinism, combined with interracial and intergroup conflicts and the British colonial experience to become a political and social ideology. Also, as noted above, economic factors contributing to the emergence of Afrikaner nationalism were the nineteenth-century discovery of major gold and diamond deposits, which rekindled what had been a lukewarm interest of Britain in southern Africa.[16] The interplay of these elements combined in the current

ıtury to create an Afrikaner sacred history to explain the past and loctrine of civil religion that provided cultural energy for the present. e peak of political support for this nationalist social development ıdel was reached during the tenure of Prime Minister H. F. Verwoerd, 58–66. Verwoerd gave Apartheid/Separate Development a philosophical and conceptual structure, and his forceful and charismatic personality guaranteed that his utopian visions would be carried forward.[17]

The content of the Afrikaner nationalist myth has been summarized ıs containing three major elements: sacred history, civil theology, and civil ritual.[18] *Sacred history* consists of a history given meaning by God ınd therefore carrying with it a clear sense of purpose and mission for the Afrikaner people, or "*volk.*" *Civil theology* is anchored to an Old Testament God and Calvinist doctrine. This civil theology served to 'explain" the communal sufferings such as the Trek and British oppression. The "civil" portion of the theology was the republican ideal embodied in the Transvaal and the Orange Free State under the rule of the *volk*. The two Afrikaner republics had been defeated in the Boer War and absorbed by the British Crown: this was the suffering that surely would pass and lead to their reestablishment if the Afrikaner *volk* remained cohesive as a people.

Flowing from these elements was the establishment of *civil rituals* ıs occasions to assert a communal bond. These rituals served to assert ınd solidify the Afrikaner's claim to cultural and communal uniqueness: ınique from the British, first and foremost, and secondarily from all other contiguous communities. The establishment of this civil ritual ook less than half a century. These elements were developed, actively promoted, and combined into an Afrikaner nationalism that ". . . unites Afrikaners in their sense of unique identity and destiny, inspiring the faithful, converting the skeptical, and ever reminding them of their sacred separation from English and Black African."[19]

With this complex and fervently held worldview, the Afrikaner naionalists explicitly set out in 1948 to establish their utopian vision in South Africa. Similar to political vehicles of such movements elsewhere, he party and the people it represented were presented as one: "die party is die volk and die volk is die party."[20] There is little room here for the tolerance of political variation necessary for democracy. In fact, the governments of the National Party have never seemed comfortable with the idea of government as broker between competing political interests, and have preferred the notion of government by revelation and truth. The current Botha government has acknowledged overtly that it must bargain, but it has not done so gracefully.

South African history over this century is best understood as a product of ethnic revolution: a revolution that has successfully captured and enhanced a powerful central government, informed that government's

policies with an ideology of Afrikaner nationalism, and has pursued policies and programs that establish Afrikaner culture and people as recognizably superior in important symbolic and material ways.[21]

Recent Developments

During 1984 and 1985, South Africa erupted with widespread internal violence. While South Africa has had regular periods of political unrest, particularly since the Sharpeville massacre in 1960, the last major period of unrest in the country occurred in 1976 and was concentrated primarily in Soweto. This most recent unrest, though repeating many of the aspects of previous incidents, was and is distinct in two critical aspects. First, the protests, school boycotts, and other related acts have been sustained over many months and have spread throughout the country. Second, the participants in these actions have represented a broad spectrum of South Africa's disenfranchised, not simply the Black African majority population groups. This was most evident in the Western Cape and in Cape Town's so-called Colored areas, in that many of the protesters were "middle class" and more invested materially in South Africa than their Black African counterparts. This brings into question the government's ability to build alliances with "elite" Colored and Indians (or Asians) who have benefited from strong economic growth over the past decade. The government responded to the unrest by declaring a limited state of emergency in July of 1985 and extending it to Cape Town and the Western Cape in November of that same year. The state of emergency has remained in effect since that time.[22]

This unrest follows 4 years of steady, if not always profound, reform efforts on the part of the current National Party government headed by P. W. Botha. These reforms include legalization of Black labor unions in major industries; constitutional changes creating three legislative houses, one White, one Colored, one Asian; the removal of the Political Interference Act; partial desegregation of restaurants, theaters, sporting events, and railways; the repeal of the legal prohibition of mixed marriages; changes in administration of Group Areas legislation, allowing some business presence of Blacks in central urban areas; and, most recently, a promise of unified South African citizenship for all and suspension of the much despised pass laws.

Many of the reforms are either cosmetic or a matter of bringing law into conformity with preexisting reality. The reforms have not altered the fundamental laws and statutes defining individual and group rights of ownership, association, and political activity. However, the day-to-day practice in areas of housing, marital relations, and business ownership in some parts of South Africa has often been in

rect violation of Apartheid statutes, particularly in the Cape Town rea and some central neighborhoods of Johannesburg. The creation f the tricameral legislative body has been the focus of much controversy nd is probably the most superficial reform of all. But, legalization of lack labor unions has proven to be a significant development in the olitical and economic life of South Africa. The legalization of such nions is hardly cosmetic but a development holding some promise f influencing changes in the various structures of inequality in South frica.

The Emergence of Social Work Education[23]

There is little clear information about the earliest social work education rograms in South Africa, but by 1920, three universities were "hosting" orms of social work training. These were the Transvaalse Universiteits Kollege (later the University of Pretoria), the University of Stellenbosch, nd the University of Cape Town (UCT). The first two of these initutions were Afrikaans, while UCT was English. All three were White, and UCT was known as an "open" university, which meant hat Black students who qualified were admitted. The first degreeranting social work program was established in 1929 at the University f Pretoria. Other universities followed: Stellenbosch in 1932, the Jniversity of South Africa (UNISA) in 1934, and the University of he Witswatersrand (WITS) in 1937. UNISA is a large, learning-byorrespondence institution. WITS, like UCT, was an "open" university. ocial work was offered as a major for a baccalaureate degree (or quivalent diploma) at the university level, and a practicum was not equired in these initial social science–based programs. Not until the ate 1940s were students intending to enter the field of social work bliged to meet fieldwork requirements.

Early in 1940, the Jan. H. Hofmeyr School of Social Work was pened under private auspices. The Hofmeyr School, located in Joannesburg, was the first institution established as a school of social vork specifically for training Black social workers. The Hofmeyr School ttracted Black students from all parts of the African continent. These tudents studied under the sponsorship of their governments, church rganizations, and other similarly recognized official bodies.

The Hofmeyr School of Social Work was taken over by the government nd eventually closed for the following reasons: (1) Admission of "alien" lack students from outside the boundaries of South Africa was deemed ndesirable and therefore forbidden. (2) Government officials claimed hat the educational level was unnecessarily high and that the school ttracted students who should be entering the teaching profession. (3) 'he promulgation of the "Extension of University Education Act" in

1959 vested Black education in the hands of the government and the students were obliged to attend only institutions established for their specific group.

The Extension of University Education Act not only closed such institutions as the Hofmeyr School; it also forced the "open," though historically and predominantly White, universities to stop admitting the few Black students who had managed to gain admission. Simultaneously, separate universities for Blacks were established in some of the "homelands."[24] Black students with special permits were allowed under the Act to attend White universities. This permit was granted if the desired course of study sought by the prospective student was not offered at any of the available Black universities. The permits were issued by the Minister for Education. A proposed Universities Amendment Act of 1983 was to replace the ministerial permit system with a stipulated racial quota system. All of these various policies were actively fought by the historically "open" universities, and the recently proposed quota system was not officially implemented.[25]

Current Programs

By 1980, 16 universities were granting degrees in social work.[26] The degree was "generic" within a social science framework. The structure of a social work degree program in South Africa generally consists of a 3-year baccalaureate degree followed by 1 year of "postgraduate" study leading to an Advanced Diploma or an Honors degree in social work. The primary distinction between the two certificates varies from institution to institution. A student wishing to pursue the Honors degree must achieve a higher cumulative grade in his or her baccalaureate studies to gain admission to that program. The honors and diploma curricula are similar in terms of course work but differ in fieldwork and thesis requirements, the Honors degree being more rigorous. The Honors student may, for example, complete two methods placements, while the thesis is treated much as a formal paper, including an oral defense. In some schools of social work, the fourth postgraduate year may offer aspects of specialization. For example, WITS in Johannesburg offers specializations in school and industrial social work.

There are master's level degrees available in social work. They are usually "research" rather than professional degrees. UCT offers master of social sciences degrees in clinical work and social planning/administration, as well as the more established research master's.[27] A doctorate is also available, patterned after the British/European model of research and continuing the traditional academic emphasis, rather than the "mixed" professional doctorate generally offered in the United States. The undergraduate degree is the major professional degree certification for social work practice in South Africa. Even though the 3-year B.A.

ıs 1 year of postgraduate work is not strictly an undergraduate
gree in the eyes of South African social work educators, the distinction
:ween the U.S. 4-year B.A./B.S.W. and South African degree is
nimal. The main difference is that South African undergraduates
not receive as extensive a general/liberal arts foundation as their
ıerican counterparts.

Over the last 50 years, the scope of social work and social work
ucation in South Africa has been broadened, a campaign for profes-
nal recognition has been won, and education is offered to all racial
ups. Further, the curriculum, training procedures, and overall
ucture of social work education have been the target of a sizable
dy of research. There have been ongoing efforts by South African
ial work educators to establish and maintain standards commensurate
h international requirements, and they have looked to various or-
ıizations worldwide, including the United Nations, the International
sociation of Schools of Social Work, and the Council on Social Work
ucation in the United States.

ıe Professional and Political Context of South African ıcial Work

ıst things in South Africa are codified by government statute, including
ial work education and practice.[28] Social work education throughout
republic is unified only through the national legislation that spells
the broad subject areas required.[29] The specific content to be
ght is left to the particular institution, resulting in 16 different
ial work programs throughout South Africa. However, Afrikaans
ıgrams are more uniform than the English programs.

The Joint Universities Committee on Social Work (JUC) is a central
ırdinating body for schools and departments of social work. This
;anization is the South African counterpart of the Council on Social
ırk Education in the United States. The JUC is affiliated with the
eı national Association of Schools of Social Work. In 1986, the JUC
:cted its first Black chairperson, a faculty member from the University
Cape Town.

There is one social work professional journal in South Africa, *Social
rk/Maatskaplike Werk,* housed at Stellenbosch University. *Maatskaplike*
ɔlishes articles in both English and Afrikaans. It is not refereed in
strictest sense of the term. *Maatskaplike* provides a useful forum
social work educators and practitioners to exchange ideas and
ws. The journal also serves as a conduit for new developments in
ial work from sources outside of South Africa. Often, social work
ders in South Africa will publish summaries of non–South African
ial work literatures.

Social workers in South Africa are organized into various social work associations.[30] Approximately 6,000 persons of all races are registered as social workers under the Social and Associated Workers Act. Three other professional associations exist, the largest of which, the Social Workers Association of South Africa (SWASSA), has approximately 670 members. Originally founded as an all-White association in 1951, it has altered its constitution within the last 4 or 5 years in order to admit social workers from all races. The South African Black Social Workers' Association (SABSWA), founded in 1945, is the oldest active social work association in South Africa. The primary focus of SABSWA is the initiation and encouragement of community work projects in Black and rural areas. Its membership is currently about 540 social workers, including Colored and Indian members. The Society of Social Workers of South Africa (SSWSA), established in 1980, has been multiracial since its inception, but among its membership of 350 there are only a limited number of Colored and Indian social workers. Special interest groups exist alongside these main social work associations (e.g., associations for psychiatric social workers, occupational social workers [multiracial], the Community Workers Forum, and the Group of Concerned Social Workers).

Virtually all social welfare staff positions are subsidized by the government, which stipulates method as well as population group. In order to create new subsidized positions, an agency must submit a proposal to the social welfare authorities, who are usually Afrikaner. It is the rare agency that is able to staff itself without government subsidy. One outcome of the subsidy formula is that community work as a paid practice model is not well represented in South African social welfare agencies. When it is, it is often paired with another method so that a person is hired to do casework and community work. Some reasons for the exclusion of community work from agency practice will be discussed later.

One must possess the formal designation of professional social worker in order to actually work as a social worker. In order to achieve this status, a person must complete the prescribed course of 4-year postsecondary study, though in some cases one might register with a 3-year B.A. Prospective practitioners must then apply for registration with the Council of Social and Associated Workers. The council is the South African equivalent of the National Association of Social Workers in the United States, with one fundamental difference: the South African Council is not an autonomous organization with its origins in social work. It is a governmental entity established by the Social and Associated Workers Act of June 30, 1978, which defines social work practice.[31] The current "official" definition states that, "[social work] means any act, activity or method directed at diagnosing, eliminating, preventing or treating social malfunctioning or problematic functioning in man, or at promoting social stability in man, and includes any

ocess; which is calculated to promote the efficient performance or plication of such act, activity or method."[32]

Stating that the focus for determining "malfunctioning" is to be . . in man, or at promoting social stability in man . . . " is not a re turn of phrase, but specifies how human behavior is to be perceived d understood by social workers in South Africa. The legally directed us for South African social work is adjusting the individual to the ger surrounding context. This is the singular focus for social work actice, rather than simply one of several possible approaches to wing social work intervention. Additionally, in April 1985, the Council · Social and Associated workers established as law "Rules Relating the Conduct of a Social Worker Which Shall Constitute Unprofessional Improper Conduct." This code of ethics is a chilling document en considered in the legal and political contexts of South Africa lay, as well as from the standpoint of what is defined as appropriate ial work practice. As an example, the "Rules" state that "Unprofes- nal or improper conduct . . . shall mean . . . for the social worker have been convicted of any offense by a court of law."[33] While this standard statement in professional codes of ethics, in South Africa s type of rule carries important implications beyond the general tion of a common criminal. That is, South African law under the rrent state of emergency can define as illegal the simple act of calling humane treatment of children as they are arrested and detained "threats" to the State. Even without a declared state of emergency, yone in South Africa is subject to possible detention and arrest if authorities view their words or actions as threatening to the State's st interests. In short, combined with the definition of social work's actice focus, a social worker who views social problems as having y source in the broader societal structure risks not only being "un- ofessional" but possibly criminal. Therefore, the definitions of social rk and the stipulations of ethical behavior are not professional in ostance but are political statements that carry the force of law.

ne Elusive Person-in-Environment[34]

already noted, modern South African social work began in the ly 1930s. These early social work developments were in direct re- nse to the needs of the "poor Whites." These "poor Whites" were al, uneducated, and unskilled Afrikaners forced off the land and o urban centers. Some of the causes of this dislocation were a com- ation of drought and poor farming practices. The displaced rural ikaner came into direct competition with urban Blacks and was erally unable to compete successfully for the lower tier of jobs.

During this period, two major studies were conducted, one by the negie Corporation and the second by the governmental Native nomic Commission. Both efforts were aimed at understanding the

causes of the "poor White question." As Cell notes, both reports generally agreed that the "[poor Whites] notorious shiftlessness and apathy, their strong aversion to manual work, were the result of the long history of unfair competition from Africans."[35] In other words, the Africans were the "cause" of the difficulties of the poor Whites. These reports, along with the view that both English entrepreneurs and "unfair" African competition were at the root of the poor White issue, prompted leaders in the Afrikaner community to begin strong efforts to uplift poor Whites. In this way, early development in South African social work assumed a strong Afrikaner ethos. In short, rather than an activity to aid the larger society, social work's roots in South Africa were ethnically based and group specific. This dimension continues to the present.

In the official definition of social work, the "person-in-environment" conceptualization is not acknowledged as central to social work practice. The absence of the person-in-environment stance is not accidental but reflects the Afrikaner worldview. That is, to permit the person-in-environment view would allow the entire Apartheid/Separate Development structure to come into question.

Even though the Afrikaner is a strongly independent person, his or her history also has a strong communal theme. The individual Afrikaner views personal well-being as located in the *volk*. In fact, that which is not defined as Afrikaner in origin is viewed as hostile. Such a worldview lends itself to the promotion of an individual adjustment model for social work. There is little room for the appreciation of the individual interacting with the environment. Thus, one must adjust and fit into the Afrikaner world and be wary of all that lies outside of its boundaries. So, social work is a functional adjunct to Apartheid/Separate Development, the role of which is to promote the ongoing development of the Afrikaner *volk* as well as the other separate ethnic communities. That is, the ethnic community becomes the client, with the Afrikaner clearly on top of the heirarchy and reaching down to uplift those perceived to be less developed and more vulnerable.

For the Afrikaner, even a liberal, Apartheid/Separate Development is "right," "just," and even humane. In fairness to the liberal Afrikaner, his or her allegiance to Apartheid/Separate Development is less orthodox and reveals itself more as old-fashioned paternalism rather than full-blown ethnic nationalism. Even though attachment to the Apartheid/Separate Development philosophy may be a matter of degree, it is still a worldview that flows logically from its antecedent assumptions, the historical record, and a developed utopian mythology. This worldview has defined policy, law, and social structure in South Africa. It is the definition of what is natural versus abhorrent, what is good versus bad.

Aligned opposite this Afrikaner ethos in social work and social work education are those who can be categorized as "others." The "other"

gory is made up of White, English-speaking, often Jewish non-
kaners. Many Black Africans, Indians, and Coloreds are philo-
ically close to the "others" as described here.
ne "others" recognize the injustice of the South African norm.
Whites realize that they are privileged recipients of the structured
stice, while the Blacks directly suffer the injustice. For Whites, the
gnition that they are privileged by virtue of the color of their skin,
e psychologically finding Apartheid despicable, creates a serious
nma. When confronted with this conundrum, their refuge is often
irround themselves with theory as a means of distancing themselves
ı the daily reality of their flawed society. Ironically, the theory
raced is often the same individual adjustment model found at the
er of the Afrikaner social work perspective.[36] This "solution" rep-
nts a defensive effort to conserve one's being; to do otherwise
ld place an individual in the position of questioning his or her
social context and therefore his or her basic self. When totally
iersed in our social and cultural fabric, to question it completely
formidable challenge under the best of circumstances. In South
ca, it is not "the best of circumstances," and therefore the "others"
ggle with the recognition of something being seriously awry, wanting
onfront the wrongs, but having no apparent means to address
n. So, in social work, the haven of theory, and foreign theory at
, becomes one central means of coping.
ne social work students and colleagues with whom I interacted
: primarily "others." While the students appeared to be more
retically sophisticated than their American counterparts, the theory,
oted above, was more of an intellectual screen rather than a basis
ction. As such, students often became confused when they attempted
perationalize their theory into practice. This generally occurred
ethod area of community work. It was there that the closed structural
ty of South Africa was most directly confronted. Community work
rged as a method that seemed to offer some ideas to fill a perceived
tice vacuum. But the appeal of community work contained its
undoing: the lack of any genuine community with which to work.
ıltaneously, the lack of this community presented itself as the
test need confronting social workers.
South Africa, Apartheid/Separate Development has effectively
ned community as a strict vertical hierarchy with all power flowing
ı the top down. Further, the emphasis is on people's cultural
rences and the belief in the threats involved in trying to mix
milar groups. Therefore, to ensure harmony and communal peace,
ips must be kept apart.[37] Social workers are not immune from
orientation, even though as students and practitioners they long
ommunity—a pluralistic one rather than the Apartheid version.
motivates them and excites them when they first encounter com-
ity work theory and field practice: it touches a deeply felt need.

Here again, one is confronted with the contradiction of doing social work in South Africa: to do legitimate, effective community work, even of the most conservative mainstream nature, means that one must engage in challenging what the Afrikaner defines as the natural order, and, on a very practical level, breaking the law.[38]

One significant outcome of this dilemma has been a high attrition rate among social work practitioners from the "other" category, usually within 18 months of receiving their professional certification. A newly graduated social worker recognizes quickly the intractable system that he or she has entered.[39]

Social work students in South Africa are not unlike American students in basic motivation. They possess most, if not all, of the same altruistic and social justice concerns. But these concerns are formed within their particular communal perspective. The young White Afrikaner social work student will be imbued with concern and high ideals for bettering his or her society and all groups in it. Naturally, the differential view of Blacks and Whites is an a priori assumption, and people of color are viewed in the most classic of paternalistic perspectives.

The non-Afrikaner "other" defines his or her motivation similarly but with a slightly less paternalistic view toward Blacks. This motivation is accompanied by an anti-Afrikaner prejudice. Their views are only slightly less paternalistic, because all White South Africans are surrounded by a powerful socialization process that is virtually inescapable. All White South Africans are structurally defined as privileged, and it takes a very strong person to overcome this trap.

All of the preceding attributes are reflected in the social work faculties: the White Afrikaner tends toward euphoric idealism; the "other" works to devise a way to negotiate between his or her own psychic unease while struggling to avoid a complete denial of the benefits of his or her status. Black faculty members must always be on their guard because, as stated earlier, even the most liberal White South African has a wide streak of colonial paternalism. In short, all the social, political, and racial barriers of South Africa and their psychological implications are transmitted to schools of social work. They influence collegial relations, faculty-student interactions, and university-agency relations.

Conclusion

In my opinion, the person-in-environment conceptualization is the cornerstone of social work. Social work in South Africa does not affirm the person-in-environment orientation; it is actually an issue to be avoided.

The underlying reasons for this state of affairs are twofold: the Afrikaner worldview, and the reactive, self-protective response of the

ers," who do not share this view but nonetheless must live with it however ambivalently, benefit from it. Between the two options ither confronting the Afrikaner-defined reality or turning inward self-protection, the latter is the usual response.

outh Africa is a unique mix of first and so-called third worlds. gham, Midgley, and others have studied social work in the third rld, and have agreed that an almost exclusive casework emphasis herally exists, with a very strong American bias.[40] They conclude s bias is both inadequate and inappropriate in those countries, and s certainly applies also to South Africa, where a first-world facade erlays a third-world reality. Being primarily first world in its oritation, social work in South Africa tends to serve and support the sting social and political order, which is antithetical to basic hunitarian, democratic values.

South African social work mirrors the nature of its social context: s divided from itself. There is no unified professional community. already noted, social work education programs, despite the dictated idelines, are as different as the individual institutions that house em, and they will not soon reconcile this diversity because of the picion between the schools.

White social workers in South Africa are trained to be either caricatures American and British social workers, at best, or good soldiers in ongoing (but struggling) utopian injustice of Apartheid/Separate velopment at worst. Black social workers are confronted by the erwhelming reality of Apartheid/Separate Development's conseences. Yet, they are generally placed in the unsavory position of ng taught by people who are either true believers (White Afrikaners) immobilized "others" (both White and Black) who know only too ll the personal consequences of challenging the status quo.

American social work does not have a shining record in confronting ustice. Neither has American social work education been eager to ovide education for persons who view social change, particularly uctural change, as a primary professional responsibility. In fact, h Porter Lee's "cause versus function" pronouncement,[41] American ial work began a conscious process of defining social change issues e outside of its professional concern.[42] As far back as 1929, American ial work embarked on a path away from social reform. So today, we concern ourselves with South Africa, we need to remember our n professional past as well as the ethical implications of the personenvironment stance. That is, we must recognize that social work chosen, however ambivalently, to place itself in the transaction ween person and environment, and this stance presents us with ticular challenges when confronting the case of South Africa and question of how to influence and effect change in that country. short, the person-in-environment stance means that social workers

he United States are not in a position to turn their backs on South ica as work too dirty to do.

ı South Africa, injustice is the norm, so to educate for and to ctice responsible and ethical social work is a forbidding task. We st understand the profound challenge and consequences that face South African social worker who puts the person-in-environment on into practice. The anguish and confusion[43] experienced by th African social workers are neither trivial nor meaningless. refore, it behooves us to avoid being smug as we declare what uld and should not be transpiring in South Africa. In spite of the nidable obstacles, there are social workers in South Africa who do iage to struggle and counter the burdens and consequences of rtheid. These persons represent a full cross-section of all population ips, and they deserve our attention, understanding, and support.

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Andre Brink, *Writing in a State of Siege Essays on Politics and Literature* (New York: mit, 1983), p. 83

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In keeping with the general custom when discussing South Africans "of color," I ise the encompassing term Black, and only the specific terms "Colored, Asian/ in" when making direct reference to this group, as defined by the population tration requirements put forth by the South African government

For a recent discussion of the specifics of Apartheid, see Roger Omond, *The heid Handbook: A Guide to South Africa's Everyday Racial Policies* (New York: Penguin,)

If utopia involves " . . the willed transformation, in which a new kind of life has achieved by human effort" (Raymond Williams, *Problems in Materialism and Culture,* don: Verso, 1980], p. 196), and the "utopian mentality . . . [is] a state of mind that ongruous with the state of reality within which it occurs" (Karl Mannheim, *Ideology Utopia,* trans. Louis Wirth and Edward Shils [New York: Harvest/HBJ, 1936], 2), then post-1948 South African development is well within the utopian tradition lso Peyton E. Richter, ed., *Utopias Social Ideals and Communal Experience* (Boston rook, 1971), p. 11.

For related discussions, see Andre duToit, "No Chosen People: The Myth of the nist Origins of Afrikaner Nationalism and Racial Ideology," *American Historical w* 88 (1983): 920–52; Leonard Thompson, *The Political Mythology of Apartheid* (New

York: Yale University Press, 1985).

11 See DeKlerk, pp. 22–49.

12 T. R. H. Davenport, *South Africa: A Modern History*, 2d ed. (Johannesburg Macmillan, 1977), p. 40

13. James Morris, *Heaven's Command: An Imperial Progress* (New York: Penguin, 1973), pp 50–51.

14 As David Harrison (n. 6 above) points out: "As the [Boer] War progressed British strategy was quite simple Although they vastly outnumbered their opponents they could not catch the lightly-armed Boer guerillas; so the British High Command resolved to deny them the support of the farms that fed and sheltered them. They blew up the building, killed the cattle, burned the crops and put the women and children into the world's first concentration camps" (p. 31). "Twenty-six thousand women and children died in the British concentration camps" (pp. 35–36).

15 See Dunbar T. Moodie, *The Rise of Afrikanerdom. Power, Apartheid and the Afrikaner Civil Religion* (Berkeley· University of California Press, 1975); Irving Hexhum, *The Irony of Apartheid. The Struggle for National Independence of Afrikaner Calvinism against British Imperialism* (New York· Mellen, 1981).

16 See Geoffrey Wheatcroft, *The Randlords Exploits and Exploitations of South Africa's Mining Magnates* (New York· Atheneum, 1986)

17 See Henry Kenney, *Architect of Apartheid. H F Verwoerd, an Appraisal* (Johannesburg. Jonathan Ball, 1980).

18 Moodie.

19 Ibid , p. 21

20 Michael Banton, *Racial and Ethnic Competition* (New York· Cambridge University Press, 1983), p 233.

21 Heribert Adam and Hermann Giliomee, *The Rise and Crisis of Afrikaner Power* (Cape Town David Phillip, 1979).

22 For two excellent, recent accounts of South Africa, see Joseph Lelyveld, *Move Your Shadow South Africa, Black and White* (New York: Times Books, 1985); and William Finnegan, *Crossing the Line. A Year in the Land of Aparthied* (New York. Harper & Row, 1986)

23 In addition to personal experience, other sources for this section include two South African colleagues, one currently living and working in South Africa and the second pursuing a doctorate here in the United States· Cecilie Marx and Cudore Snell, respectively Also, B. W McKendrick, "The Selection and Training of Social Work Manpower in South Africa" (Ph.D. diss., University of Witswatersrand, Johannesburg, 1980).

24. A major casualty of this legislation was Fort Hare University. Fort Hare was taken over by the South African government and became a "homeland" university in the Ciskei. Fort Hare had been a major institution for the education of many Black nationalist leaders, including Nelson Mandela.

25 The government did manage to change the bursary (financial subsidy) formula in such a way that in 1985 a de facto quota system was in effect. That is, the level of subsidy allocated to universities is based on student numbers at a point well into the academic year. In effect, this forced the universities to apply stricter entrance standards, thus squeezing out many Blacks so that the failure rate by midyear would not be too high This result was noted by universities, and in the instance of UCT, prompted an active debate as to the role and necessity of such services as academic support for Black students

26 The South African universities with social work programs were: Afrikaans—Pretoria, Stellenbosch, Orange Free State, Randse Afrikaanse, and Potchefstroom; English—Cape Town, Natal, Witswatersrand, and Rhodes; Bilingual—Port Elizabeth and UNISA, State universities (homelands or populations-group specific)—Zululand, University of the North, Ft. Hare, Durban-Westville (Indian), Western Cape (Colored). Two private colleges offer diplomas leading to social work registration: Hugenot College and Minnie Hofmeyr School. Both are under the auspices of the Afrikaans Dutch Reformed Church. Hugenot is for Whites and Hofmeyr for Coloreds. Two programs exist in universities located in the "independent, self-governing homelands"—the University of Bophuthatswana (UNIBO) and the University of the Transkei (UNITRA).

27 I served as the first coordinator of the Social Planning and Administration program

t UCT, recruiting, along with the school director, a multiracial teaching staff of four nd a multiracial class of 16 students.

28. Legislation for social work is contained in at least three separate acts—the Social nd Associated Workers Act, the Rules of Conduct of a Social Worker Which Shall Constitute Improper Conduct, and government directives generally spelling out profes- ional social work education curriculum. The primary "lobbying" body is the Council or Social and Associated Workers, which works directly with government in formulating hese various policies and laws. The council is strongly controlled by Afrikaner interests ,nd perspectives.

29. There are two general patterns of courses needed by a university graduate in order to be eligible for professional registration: (*a*) 4 years of social work and 3 years of either sociology or psychology, or (*b*) 2 years of either sociology or psychology and 2 other subjects (electives). A "year" course means two semesters in American terminology, hough South African universities are not currently structured along a semester system. A student takes Social Work I, a series of different offerings all subsumed under the same umbrella. The specific offerings or focus could change from year to year. At UCT, he first year is an introduction to social work and human development material, followed by a second year of casework, a third year of both group and community work, and a fourth (Honors or Advanced Diploma) of heavy field placement and a written research report. See Marjorie Hope Young, "Social Work under Apartheid," *Social Work* 25 (July 1980): 309–13. It is still true today, as Young reported in 1980, that South African social workers do not receive any education and training in poverty. I taught the first social policy course ever offered at UCT during the first semester of the 1984 academic year.

30. Isadore Hare, "Aspects of Professional Social Work in the Republic of South Africa" (report presented to the National Association of Social Workers, Silver Spring, Md., September 1985).

31. South African Council for Social and Associated Workers Act, *Government Gazette*, no. 6012 (June 30, 1978).

32. Ibid., p. 3.

33. Implemented through the *Government Gazette* of April 4, 1985, Notice 214 of 1985, Department of Health and Welfare.

34. This section is based primarily on my own interpretations and inferences drawn from my experiences at UCT.

35. John W. Cell, *The Highest Stage of White Supremacy: The Origins of Segregation in South Africa and the American South* (New York: Cambridge University Press, 1982), p. 73.

36. Often the alternative to the individual adjustment theoretical model is an adoption of a strong Marxist stance. In social work, this orientation generally exists among students much more than among the teaching faculty. An interesting aspect of the existence of this theoretical continuum is the absence of any examination of the inherent contradiction. It should be noted that since 1984, the University of the Western Cape in Cape Town has made an explicit commitment to developing social work education and training suited to its community (Colored) and their unique needs in the South African context, and this effort requires the necessity of finding and/or developing appropriate theory and practice approaches.

37. See H. C. Marais, chair, *The South African Society. Realities and Future Prospects, Human Sciences Research Council Main Committee Report* (Pretoria: HSRC, 1985); Gary R. Lowe, "The Communications Challenge of a Post-Apartheid South Africa. The Inter-cultural Agenda," *International Journal of Intercultural Relations* 11 (1987): 265–78; and Heribert Adam and Kogila Moodley, *South Africa without Apartheid: Dismantling Racial Domination* (Berkeley: University of California Press, 1986).

38. S. Pienaar and Anthony Sampson, *South Africa: Two Views of Separate Development* (London: Oxford University Press, 1960)

39. By 1980, students admitted to social work programs were predominantly White females (78%). Fifty-three percent of those admitted graduated, and only 25% of admitted students actually entered the profession (see McKendrick).

40. Thomas M. Brigham, "Social Work Education Patterns in Five Developing Countries: Relevance to U.S. Micro Systems Approach," *Journal of Education for Social Work*

18, no. 2 (1982): 66–75; James Midgley, *Professional Imperialism: Social Work in the Third World* (London: Heinemann, 1981).

41. Porter R. Lee, "Social Work: Cause and Function," National Conference of Social Work, *Proceedings, 1929* (Chicago: University of Chicago Press, 1930), pp. 3–20.

42. For recent discussion of this historical development in social work, see David S. Kirschner, *The Paradox of Professionalism: Reform and Public Service in Urban America, 1900–1940* (Westport, Conn.: Greenwood, 1986), pp. 53–60; and Leslie Leighninger, *Social Work: Search for Identity* (Westport, Conn.: Greenwood, 1987).

43. Peter Lambley, *The Psychology of Apartheid* (Athens: University of Georgia Press, 1980)

The "Problem of Duty": Family Desertion in the Progressive Era

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This article examines the response of social welfare activists to male desertion of dependent families between 1890 and 1920. Charity workers and settlement residents initially worked to define the unique family problems presented by male desertion, but after 1900 began to advocate revision of existing statutes penalizing the deserter By 1915, however, this period of punitive reform gave way to a new emphasis on deserters' psychological inabilities to adjust to a "proper" family life.

In 1911, Mary Roff sought relief from her poverty through the Denver courts, asking for action to force her husband to support her and her children. Mrs. Roff failed to secure her goal, discovering instead that Colorado law did not apply to the man who had deserted her 4 years previously. Mary Roff's dissatisfaction with the outcome of her efforts was shared by many Progressive Era social reformers. Between 1895 and 1920, reformers pointed to cases such as Roff's as evidence of a pressing need for uniform and effective desertion and nonsupport laws. As one charity worker reported to the 1911 National Conference of Charities and Correction, nonsupport constituted a "crime as serious in the decalogue."[1]

The response to desertion in the Progressive Era marked a new attempt to come to grips with questions of family support. Under the common law that governed abandonment cases in colonial America,

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ıen maintained the responsibilities to provide for their wives and hildren. Codification of common law in the nineteenth century resulted ı state laws that also stipulated male obligation to families falling on ublic charity. Evidence suggests that enforcement of male duty was rratic, however; wives faced significant difficulties when they brought bandonment cases forward, and courts sometimes narrowed the scope f male financial obligations.[2] In New York state, for example, most ases of abandonment or failure to support were brought by third arty creditors or by public officials seeking repayment for services rovided to deserted wives and children. And by the end of the century, lew York appellate courts determined that desertion law applied only) those men whose families required state relief.[3]

By the early 1890s, activists in charities and social settlements began) voice serious reservations about the effectiveness of existing methods ›r dealing with deserters. Through the Progressive years, reformers ›ntinued to raise the issue of desertion as a critical danger to family fe. This article examines the evolution of their thought on desertion nd nonsupport and delineates the changes in social welfare activists' nalysis of this type of family crisis. Initially, social activists viewed the eserter in moral terms and sought to alert other middle-class Americans) his special perfidy. After the turn of the century, as the period eformer Mary Richmond characterized as one of "muddling along," nded, charity workers and other reformers concluded that desertion resented a chronic, nationwide problem.[4] As a result, they began to ›rmulate specific actions to respond to desertion, initiating movements ›r revision of existing desertion laws. By 1915, however, social workers ffered a wide variety of new explanations for desertion, moving away 'om a harsh moralism toward psychological descriptions of deserters' ıotives.

Progressive social reform attracted many women and men to a broad eries of plans, programs, and policies to improve existing urban and ıdustrial conditions. The complexity of reform efforts has been noted y historians, who have also debated the meaning and the impact of ıe Progressive impulse. Despite differing interpretations, many his- ›rians agree in general that Progressive Era activists emphasized the nelioration of conditions in the interests of a larger social stability.[5] 'he "reform" advocated by those men and women who involved them- ·lves in championing social change was as diverse as were the groups f "reformers." Daniel T. Rodgers notes that this was "an era of shifting, leologically fluid, issue-focused coalitions, all competing for the re- ıaping of American society." Refusing to designate one coherent 'rogressive" ideology, Rodgers convincingly identifies a variety of eform-oriented factions that drew on three types of social language: ne form of rhetoric stressed antimonopolism, another stressed the ›cial connections between people, and yet another emphasized social

efficiency. Through each, the American activists attempted to provide or preserve rational order in their society.

This search for stability was echoed in social welfare reformers' interests in protecting family life. Repeatedly, the women and men involved in social welfare work articulated their concern over the fragility of the working-class family. They contended that many features of modern society threatened family order and harmony. Low wages, work by married women, the absence of industrial safety standards, impure milk and adulterated food, inadequate public health care, and overcrowded tenements, among other ills, jeopardized the family. Such dangers were critical because the family served as the foundation of moral and social order: Mary Richmond labeled family life as the "cradle of immortal souls."[6]

Social welfare activists collectively outlined a conception of a "good family" in their publications and pronouncements: a hardworking and temperate male breadwinner as household head, a nurturing wife as a "good manager," and clean, obedient, Americanized children. Those family habits or social conditions that undermined the "good family" received reformers' most vehement criticisms. But within the diverse community of social welfare activists, solutions to undesirable family practices and inadequate social policies could vary. Charity workers in particular demonstrated reluctance to abandon their overt moralistic assessments, while personal faultfinding became more subtle—in, for example, the writings of settlement residents. In one instance, settlement workers and charity workers argued heatedly over moral consequences as they considered support pensions for widowed mothers. A 1910 New York proposal for widows' relief generated a tense debate over the proper relationship between state, family, and reformer.[7] In general, however, Progressive reforms dealing with the family appeared to shift over time from the clearly voiced moralistic assessments of family problems to an emphasis on environmental determinants.

Leaders within the community of welfare activists seemed to concentrate increasingly upon the conditions of urban life that caused poverty and degradation among large numbers of urban residents. Emphasis on personal character as the basis for poverty diminished. If most nineteenth-century social welfare workers viewed poverty as the result of idleness, shiftlessness, or "moral laxity" in the individual, the social welfare activists of the Progressive Era were, as a group, more likely to cite poor sanitation and inadequate wages as determinants of poverty. Yet, as Paul Boyer and other historians have suggested, moralism did not disappear. It became more implicit and it continued to inform many of the ideas of both social settlement residents and charity workers, with charity workers retaining the most detectable moralistic rhetoric.

Analysis of the problem of desertion no longer emphasized environmental causes (with their unambiguous and overt moralism) owing,

in part, to the charity workers' involvement with the deserter and his family. Overall, social welfare activists tended to reject the possibility that desertion, too, might be linked to environmental conditions. Instead, prior to 1915, they persistently labeled the deserter as a special type of social misfit, an unnatural and immoral man. Their response to the problem of enforcing male duty suggests some of the contradictions inherent in Progressive concepts of social welfare, as reformers connected moralistic analysis of the deserter with the attempt to reconstruct the legal environment with more punitive statutes on desertion. Most important, the social welfare workers' response to desertion increased the involvement—or the intrusion—of the state in family life.

The Charitable Analysis of the Deserter

In 1894, the Reverend E. P. Savage raised the issue of child desertion for the first time at the National Conference of Charities and Corrections. As superintendent of Minnesota's Children's Home Society, Savage sought to alert other reformers to the chaotic state of nonsupport laws. The next year, he returned to the Conference with the results of a survey assessing the prevalence of "this unnatural and awful crime." His study documented 7,334 deserted children reported by 800 charitable agencies, with over two-thirds abandoned by their fathers. From these figures, Savage concluded that over 25,000 children were deserted in 1895. But, he noted, recognition of the problem was only beginning. Neither the federal government nor the states compiled statistics on desertion, and enforcement of support laws remained haphazard.[8]

The charity workers and other activists surveyed by Savage agreed that desertion had become "a great evil," requiring "heroic treatment." Desertion, one Cincinnati social worker asserted, involved "more meanness, badness, deceit, and duplicity" than all other social problems combined. The volunteers who were surveyed uniformly cited moral causes for desertion, with intemperance, idleness, and "lust and immorality" listed as predominant. They concluded that poor laws exacerbated the problem by allowing for "hasty and unwise marriage," a situation compounded by courts that neglected to enforce the existing statutes. Only one agency, the Humane Society of Cincinnati, reported the successful prosecution of deserters under an 1890 Ohio law making child abandonment a misdemeanor and stipulating up to 1 year's imprisonment for the deserter. Savage concluded that, in most cases, the deserting father escaped penalty because "there is no one with money enough or interest enough to bring him to justice."[9]

Charity workers did not lack solutions, however. All agreed that the offender should be apprehended and punished. Several respondents urged the establishment of stricter marriage laws; one proposed that a prospective groom make a security payment for his future wife and

children. A Michigan Children's Home Society official demanded sterilization for deserters, an idea Savage suggested might be a "wise precaution for the safety of society." Most reformers accepted a more moderate course and identified remedies in the enforcement of current laws, in the passage of more effective measures, and in fuller utilization of existing service agencies.[10]

Echoing a sentiment widely held in the community of social welfare activists about the importance of awakening other middle-class Americans to social problems, these reformers also emphasized educating the public to the dangers of desertion. The "want of a *proper* public sentiment," they said, hampered efforts to punish the recreant husband. They warned that unless society acknowledged the "inquity of the desertion of the family" local officials and the courts would continue to neglect abandonment cases. New York charity worker Sarah Richmond complained that "mere laws . . . are of no avail unless the people themselves oppose the crime." Savage proposed that taxpayers might be motivated to demand more stringent enforcement if they were informed of desertion's costs, which he estimated at $2 million per year.[11]

Through these discussions, early critics offered a simple analysis of desertion, one that centered on the moral and legal failures of men to fulfill family duties and on the inadequacies of the courts. Eliminating desertion, they implied, would be a relatively simple task: the man could be elevated to a clearer sense of obligation, the laws could ensure his compliance, and the public could reassert the social value of the male-headed nuclear family.[12]

The discussion of desertion seldom included family abandonment by financially advantaged men. The problem, according to charity workers who addressed the issue, remained one of the poor man or the working man leaving his family dependent on the resources of private charities or public relief. Such concern reflected a broader philosophical perspective within charities, an insistence that direct material assistance would be harmful to individuals, families, and society. Reformers in organized charities concluded that any equivalent of a dole undermined vitality and the incentive to work, forcing the burden for family support to be assumed by responsible citizens. With regard to desertion, this demand for discriminating charity became entwined with reformers' concepts of desirable male family roles.

Charitable analysis juxtaposed desertion with an idealized conception of working-class masculinity. Progressives within the social welfare reform community designated the "self-supporting, self-respecting, able-bodied" workingman as the norm among working-class males. He remained the "*natural* wage-earner, whose place cannot be filled, even temporarily, by the wife," according to social activist Mary Conyngton. Productive labor served as the foundation for an ideal manhood,

others contended. Work protected men from bad habits and selfishness. Charity Organization Society (COS) doyenne Josephine Shaw Lowell insisted that an idle man became "a distinctly lower creature than he was before," while settlement worker Robert Woods contended that a man's economic performance remained "inseparable from his problem of duty."[13]

In refusing his breadwinning obligations, the deserter neglected his responsibilities as a man to himself, his dependents, and to society at large. This analysis of male failure remained distinctive. In considering unemployment or the consequences of low wages earned by workingmen, for example, reformers began to attribute any resulting family distress primarily to social causes. The workman who received only $2 a day for 10 hours of labor suffered from the irresponsibility of his employer, the unsuccessful struggle of his union, or his lack of opportunity. The seasonally employed laborer suffered from the vicissitudes of industry or from the vagaries of the economy. But according to charity workers, the deserting or nonsupporting man was a far different creature. His shortcomings revealed a uniquely personal, moral decline.[14]

This analysis of deserters persisted despite evidence that nearly one-fourth of desertion cases could be traced to male unemployment. It also ignored the possibility that desertion served as the "poor man's divorce" in some states. Reformers rarely offered any detailed discussion of the consequences of state divorce laws in their pronouncements on the evils of desertion. In New York, for example, divorce could be secured by an injured spouse only on the grounds of adultery. Yet New York social welfare activists avoided discussing whether such restrictions encouraged desertion as an escape from marital conflict. Instead, they maintained their firm emphasis on family abandonment as an individual moral shortcoming with significant financial implications for the community.[15]

Why did reformers stubbornly cling to a moralistic interpretation in the face of evidence that might contradict that conclusion? Those most concerned with desertion and most active in aiding the abandoned family were charity workers; charity organizations had a significant impact on the social perception of desertion and on the implementation of legal remedies. In dealing with the deserter, charities' friendly visitors brought the principles of scientific philanthropy to their work, incorporating the emphasis on personality, individual culpability, and morality that had shaped charitable reform well before the founding of the Charity Organization Societies in 1877. The COS in its turn sought to alleviate poverty and social distress through the application of a rational reform, using the motto "not alms, but a friend." Unlike the social settlements, which stressed neighborly sympathy and cross-class understanding, charities practiced a transitional noblesse oblige, seeing

the uplift of the lower classes as a primary goal. Social studies by charity workers prior to 1900 revealed the importance placed on the virtues of thrift, sobriety, and industry, ideals identified by these reformers as primarily middle-class traits.[16] A widely used text by Amos Warner, for example, concluded that the primary causes of poverty stemmed from personal failings. Secondary causes included unemployment, poor housing, and disease.[17] By 1900, the organized charities had slowly begun to incorporate the broader perspectives of other social welfare activists, such as settlement residents, into their work, and to acknowledge the important effects of low wages and other social determinants of poverty. Yet the legacy of the earlier, more overt moralism persisted, heightened by the emphasis on individual casework.

Social work theories developed slowly, and they emerged in this period of professionalization from direct practice among the poor. Charity workers infrequently adapted theories from psychology, or from the ideas of such social scientists as E. A. Ross, Thorstein Veblen, or Simon Patten. Instead, charity's early friendly visitors such as Mary Richmond pioneered their techniques through observation.[18] This made charity workers particularly sensitive to deviations from preferred personal and middle-class standards. Nowhere was this more apparent than with the deserter, who offended middle-class notions of masculine responsibility, violated existing laws, placed an unnecessary burden on charitable resources, and endangered the family.

Finally, desertion represented an apparently personal crime: an individual husband left his wife and children to cope alone or to seek charitable assistance.[19] Reformers' responses suggest that the social activists especially disliked forced dependence on their financial resources. The first systematic studies of desertion, compiled by organized charities, examined deserted families receiving charitable relief and revealed the reformers' reluctance to extend aid to the abandoned family. For example, in 1901, Boston's Associated Charities published an investigation of 234 families which suggested that the friendly visitor should first attempt a reconciliation between the man and his family. If this proved unsuccessful, the family should be made self-sufficient without the husband, typically through the assistance of relatives or the labors of the wife and children.[20] Relief should come only as a final resort for the most destitute.

Such an unsympathetic appraisal of deserted families placed the elimination of dependency on private relief above family well-being. In effect, while the charities promoted the social necessity of the "good family," they remained reluctant to provide the financial support that would obviate a mother's labor and keep the family intact. The treatment of desertion, in other words, centered on the deserter's failure to live up to masculine obligation. It implicitly denied a public responsibility to go beyond the punishment of the recreant husband. This, ironically,

ınflicted with the broader goal of preserving and promoting an ideal mily.

Treatment centered on returning the man to his family, regardless `his disposition or previous behavior. Charities' second goal (if they ere unsuccessful in achieving the first) was to ensure that the family ould remain independent of charitable assistance—even if such a ›urse necessitated temporarily abandoning the ideal of the "good mily." Charities admitted the difficulties involved in restoring the ·iginal family structure in desertion cases. In one investigation, for :ample, 48 attempts at reconciliation resulted in only six reunited milies. In 69 cases of court-ordered family support, only six husbands ·gularly made payments to their dependents. In 292 of 574 cases, ıe family was encouraged to become self-supporting without the ·serter, typically through the labor of remaining family members, ıd despite reformers' general condemnation of married women's ıid labor. Charitable assistance remained the undesirable final option, ıd even the possibility that a mother with small children might have work cleaning office floors at night did not automatically move the ıarities to offer relief to the deserted family.[21]

The first national survey of desertion, published by New York's harity Organization Society, clearly outlined charity workers' criteria ›r the family and the importance of moralism in shaping the analysis `desertion. *Five Hundred and Seventy-Four Deserters and Their Families*, Lilian Brandt, directly disputed the possibility that desertion resulted om economic causes. Desertion, Brandt maintained, stemmed from ıe man's failure to meet his obligations. She claimed that "the most ›nstant element is the irresponsible, ease-loving man who acts on the ıeory that when hard times of any sort come he is justified in mak- g arrangements for his own comfort which do not include his wife ıd children."[22] Brandt argued that the majority of deserters earned ages adequate for family needs, even though her findings revealed ıat nearly 44 percent received less than a family wage.[23] She said ıat laziness and intemperance determined these low wages, stat- g that deserters showed signs of failure even before their abandonment. ost deserters were men with "bad habits," she concluded; of 78 (of e 245 deserters studied), many left home because of their lax ideas ›out women.[24]

Brandt's investigation demonstrated the inability of charity workers look beyond moral causes for desertion, even when statistics revealed onomic concerns that may have motivated some husbands to leave ›me. As in most early social surveys, this COS study depended on e creation of subjective categories that appeared to be defined by formers' preconceived notions of causation. Evidence did not speak r itself, rather, charity workers in this case spoke through it to outline eir notions of family life, using this material to present their case

for the "good family." Perhaps the most notable example of this was Brandt's analysis of deserted wives that extended the concept of moral propriety to other family members. Brandt viewed wives as contributors to abandonment, who encouraged the husbands' desertion chiefly by failing to maintain the standards of the home or to devote wifely sympathy to husbands. Wives' bad habits such as extravagance, novel reading, whining, fretfulness, and vanity could promote abandonment, she claimed. Although none of these flaws justified the male breadwinner's desertion, Brandt implied that the wife's failure to meet the ideal of the even-tempered, cheerful, and nurturing good manager made it almost impossible for him to endure family life.[25]

The 1902 report of the National Jewish Charities also cited poor housekeeping as weakening a man's desire to maintain his family. The workman found "orderliness and cleanliness" in the shop, and a "separate plate and his cloth napkin" in a neighborhood restaurant, the report asserted. In contrast to these comfortable situations, his home, if improperly tended, would be "unattractive, with the wash tub in the middle of the room, the clothes hanging up near the stove to dry . . . the wife unkempt and the children noisy." The husband's final abandonment appeared almost reasonable in this light, the result of the wife's poor home management and not of his irresponsibility or of the economic conditions faced by the family. Even in poverty, the working-class wife remained accountable for the home environment, and she was indirectly culpable for her husband's illegal action.[26]

This critical perception of the wife's role in desertion suggests charity workers' readiness to view desertion as, first and foremost, a failure of personal standards. While some family case histories revealed a troubled family pathology—violence, abuse, and poverty—these reformers cast a wider judgmental net, complaining about family conditions that did not match their own ideals of clean parlors and neat children. The focus on the wife's response also suggests the extreme importance charity workers placed on idealized gender roles. The proper family maintained its moral standards and stability through members meeting their obligations: the husband's obligation to be the breadwinner, the wife's to maintain good home care. Yet the charities tended to ignore the contradictions of these prescriptions. The much-touted ideal of family life meant a family structure based on male breadwinning. To achieve it, and to eliminate dependency on relief, the friendly visitor sought to return even the cruel or abusive deserter to his family. Such a practice undermined efforts to restore family harmony and to provide a nurturing environment for children, even if the treatment was geared to the preservation of an idealized family structure. Just as contradictorily, charities argued for women's role in the home, yet they sacrificed it in order to end reliance on assistance.

Most important, in these early years, charities presented desertion ; a social problem caused by individual factors. All would be well if nly the recreant husband managed his family duties adequately, they rgued. But ensuring his responsibility required a social campaign. .t the center of this movement for new desertion law lay clear notions f what family life should be, of the ideals that would be imposed on ımilies labelled "dysfunctional."

'he Legal Treatment of Desertion

harity workers in the Progressive Era played a significant and special ɔle in the shaping and application of family law. Through their concern ith desertion and nonsupport, they promoted the enactment of new ws, at times even drafting statutes. They campaigned for stricter unishment, debated extradition, urged police officials to exercise ıore energy in dealing with the crime, and helped to initiate the ıethods of desertion treatment used by courts and probation officers. Lilian Brandt argued that the current state of desertion law failed ı provide for adequate prosecution and penalized the family by allowing ıe deserter to avoid support payments. She called for "a good law vhich] expressed the estimation in which society holds men who shirk ıeir obligations to their families, and [which] relieves society of the ecessity of assuming their responsibility. . . . The chief hope for the ıture lies in plans for eliminating the type of man which deserts and ıe type of woman who provokes desertion."[27]

Brandt's description of a desirable law emphasized the wider social ɔals shared by charity workers. Their immediate short-term objectives, owever, lay in the more effective use of existing legal methods for ealing with the deserter. The National Conference of Charities and orrection sponsored a 1903 resolution asking state governors to aid ı the enforcement of desertion laws by expediting the extradition of eserters across state lines. The biggest obstacle to successful prose-ıtions, reformers claimed, was existing law, which discouraged prompt ıd firm action. Since only four states classified desertion or nonsupport ; a felony, any likelihood of extradiction from states that did not ɔply such strict standards was sharply reduced. The majority of states ɔntinued to prosecute desertion as a misdemeanor, punishable by a ne under $100 and a short, 3-months' prison term. Many states 'quired a wife to initiate proceedings against her husband, and in ɔme states she was obliged to find him in order to serve a warrant ;ainst him. Frequently, she was barred from testifying against her usband, making conviction even more precarious.[28]

By 1905, reformers began to push for systematic revisions in desertion atutes. Over the next 6 years, 11 states upgraded to a felony desertion

or nonsupport of destitute families. Eighteen states revised existing laws, strengthening penalties by imposing fines up to $1,000 and a year's imprisonment. Third parties were allowed to bring suit against deserters in some states, wives were permitted to testify to a husband's misdeeds, and court probation agents assumed the duties of apprehending and overseeing the deserter.[29]

The most influential activist in these crusades was William Baldwin of the Washington, D.C., Associated Charities. In 1904, Baldwin completed an analysis of existing desertion laws. A good desertion law, Baldwin wrote, would make abandonment an extraditable offense, would provide for the wife's testimony, and would require support for both wife and children. To do the least harm to the family, new laws should include the deserter's release on bond, so that he could work to provide for his dependents. Baldwin became an enthusiastic promoter of an increasingly popular concept in the charitable community, the idea of enforcing the man's wage earning *after* conviction. The convicted deserter should perform hard labor during his imprisonment, and his wages, minus the costs for room and board, should be paid to his family, Baldwin declared. Through the efforts of the Associated Charities, Congress passed such a law for the District of Columbia in 1906, awarding 50¢ per day to the families of deserters confined to the District's workhouses.[30]

In practice, the District law limited awards to only the most destitute wives and children, and appropriations did not match existing needs. But supporters declared the law a success for its financial savings and for its punishment of the deserter. Baldwin, for example, stated that the law "reveals [the deserter's] conduct to him in its true character." The statute appeared to be the perfect solution for enforcing masculine duty and protecting the public purse, while it retained an underlying moralistic assessment of the deserter. As Joseph Logan of Atlanta's Association Charities warned, it reminded both the courts and the public that deserters condemned their families to "dependence and disease and crime."[31]

By 1910, the District law appeared to be the ideal model for national reform. The National Conference of Commissioners on Uniform State Laws approved a Uniform Desertion and Non-Support Act, drafted by Baldwin, which made abandonment or neglect of a wife or children an indictable offense. Kansas and Massachusetts quickly adopted laws similar to the act, and by 1920, a third of the nation's states and territories had done so. Yet the uniform act remained simply a model, neither specifying the grade of the crime nor incorporating mandatory workhouse penalties.[32]

The reluctance to include such stipulations in the act resulted from growing disagreement over the crime itself, and over the most effective means for prosecuting it. Baldwin, reversing one of his earlier arguments,

oined Morris Waldman of the National Jewish Charities in opposing he classification of desertion as a felony. Baldwin's arguments emerged s a plea for less zealous condemnation of the deserter. Maintaining lesertion as a misdemeanor allowed for ease of prosecution and con- iction, Baldwin claimed. Wives would be more likely to initiate pro- eedings on the lesser charge, and juries remained reluctant to convict leserters of a felony. He asked listeners at a 1910 conference to "not et the impulse to punish make us forget the true purpose of the law, vhich is to overcome the evil." Therefore, desertion laws should not e made too harsh.[33]

Baldwin's softer voice in 1910 did not persuade his colleagues in eform. Between 1910 and 1915, the disciplinary approach to desertion eached its peak. The majority of reformers who addressed the subject etained the moralistic condemnation of the recreant husband, as rhet- ric promoting a family ideal continued to contain dire predictions of he family's imminent demise. Joseph Logan warned that children had better be brained . . . at one blow" than suffer the blight of bandonment, while a 1912 report to the National Jewish Charities nked prostitution and juvenile delinquency to "cowardly desertion."[34]

Tentative signs of a new perspective on desertion did appear spo- adically, however. One of the clearest statements of a new sympathy ame from National Jewish Charities reformer Minnie Low, who asked hether "in justice to the recreant husband and father, dare we say hat the entire burden of blame rests on him? Are there not mitigating ircumstances, which in some measure shift the responsibility to society, hich censures, condemns, and convicts?"[35] The deserting husband xisted in all classes, Low explained, yet only the families of the poorest ame before the courts. The abusive husband who supported his family, n contrast, could "strike at home and happiness" at will.[36]

The slow weakening of charities' disciplinary outlook resulted from variety of changes. First, reformers' sense that desertion was being uccessfully challenged through stricter laws satisfied their overt demands or punishment. Charities also began to recognize through the com- ilation of statistics that the numbers of deserted families remained tationary at around 10–15 percent of their case loads. This encouraged ase workers who, in 1905, had believed that desertion and abandonment ere dramatically and rapidly increasing. Most important was the evelopment of new legal mechanisms to deal exclusively and explicitly ith family problems, the domestic relations court and adjunct probation ffices.

Domestic relations courts first appeared in 1909; by 1911, such legal nstitutions had begun to play a central role in both the prosecution nd treatment of deserters. The first domestic relations court, in Buffalo, New York, operated on aims remarkably similar to those of the organized harities: reconciling families, rebuilding character, and securing support

for destitute dependents. The Chicago Domestic Relations Court similarly employed a social secretary whose duties included pretrial adjustments and referrals to local charities. As Minnie Low declared "the plan, the idea and the spirit, embody the fundamental principle of true philanthrophy."[37]

The charities and the courts worked closely on many desertion cases as did charities and those probation officers assigned to oversee specific cases for the courts. Yet, it was the function of probation officers to perform many of the duties previously undertaken by the charities The probation officer investigated families and provided moral uplift little separated these efforts from the interventions of charity case workers. Equally important, the probation officer's duty remained identical to the caseworker's mission: a correction of the "delinquent's tendencies and re-establishment of the home." And probation officers were empowered to pursue even more important and systematic interventions, collecting and distributing court-ordered weekly payments made by deserters to their families. They ensured that the man fulfilled his obligations to their—and to the court's—satisfaction, so that he might avoid harsher penalties. One probation officer concluded that probationary work with the deserter "can be of more value toward stimulating the offender, cementing family ties, and be of more economical value to the public, and private agencies, than *any other method* which the courts have had the privilege of resorting to."[38]

With the advent of such machinery to deal with desertion, charity workers perceived a subtle threat to their control over the social treatment of desertion. The court that punished—and the probation officer who supervised—the offender and his family limited the charities' impact on the deserted family. Consequently, charities began to emphasize the one role clearly left to them: reconciliation of the family prior to litigation, and the reform of the deserter before prosecution. Rivalry over territories of treatment, combined with a growing professionalization, contributed to a shift from punishment to prevention.

Psychology and the Deserter

By 1918, intervention through social work and the courts manifested a new sophistication. During World War I, both social workers and the courts utilized draft registration rolls to apprehend the deserting husband, and after the war they continued to use the Federal Employment Service to secure information on delinquent men. Social welfare activists pressed for the extension of nonsupport laws to cover special cases, such as the abandonment of a pregnant wife. They sought uniform state divorce laws to prevent a deserter from divorcing his wife. But most important, social casework theories began to offer

a new variety of explanations for desertion, as reformers and charity workers lessened their insistence upon simple punishment of the wayward husband.[39]

Joanna Colcord's *Broken Homes* detailed the extent of the new social work perspective. Unlike her predecessors, Colcord believed that "no one cause or group of causes" led to desertion. Abandonment, she argued, did not result solely from slovenly housekeeping, economic distress, or lax morality. Colcord chose to probe farther into family construction; desertion was "only a symptom of some more deeply seated trouble in the family structure," she maintained. She explored the contributing factors in family breakdown. Many of these, such as hasty marriage, mental deficiency, and wanderlust, were identical to those described by friendly visitors 20 years earlier. Yet, Colcord also included factors that illustrated the growing influence of psychological theory. Her study suggests that caseworkers were becoming more interested in understanding the deserter as a troubled man than as a type of bad man.[40]

Sexual dysfunction earned new attention, for example. Earlier charity workers had cited sexual problems in case notes, but they had rarely raised sexual issues explicitly within their published reports.[41] Colcord, in contrast, wrote openly about the dangers of sexual incompatibility in marriage. She urged caseworkers to educate themselves to issues of sexual maladjustment, "distasteful as the task may be." Discovery of the true cause of marital discord mandated the fullest investigation, a new intervention into the most private aspects of family life.[42]

This attention to sexuality reflected changes in society and in social work. A prewar "revolution" in sexual attitudes undermined more reticent notions of sexual propriety. Freudian concepts and the works of sexual experts such as Havelock Ellis gained popularity among intellectuals. Social work theorists adopted some of this new openness gradually. Colcord, for example, still demonstrated caution, advising young and unmarried female caseworkers unable to discuss sexuality freely to refer the case to a male colleague or a married woman.[43] Yet her insistence on the importance of sexuality suggested the lessening of moralism as well; a deserter might not be innately bad if he maintained a sexual liaison with a woman other than his wife—he might be suffering from sexual incompatibility or other sexual problems. This more psychological analysis limited the application of overt moralism.

Emphasis on recreation also revealed the new interest in a family's psychological health. A "lack of recreation" might promote desertion, Colcord wrote, because it exacerbated family strains. This concern echoed the ideas from a wider movement for recreational reform, which had developed rapidly after 1910. Family-oriented, supervised, and socially healthy entertainments reduced psychological tensions

for each family member, reformers implied. Some individual mental ease might prevent significant family problems and refurbish family ties.[44]

Similarly, while Colcord repeated some of the older beliefs about the deserter's "degenerate" habits, she presented some sympathetic case studies of male abandonment. In one example, Colcord described the Williams family, for whom the husband's desertion resulted from the wife's "constant abuse and ill-treatment." Colcord used the Williams case to illustrate the possible innocence of the husband forced out of his home by untenable conditions. In this and other examples, Colcord depicted the deserting man as an equal victim of family instability, rather than as the sole cause of it. And while she insisted that the man's obligation to support his family was a crucial element of the "good family," she revealed a markedly different perception of male breadwinning. No longer was male wage earning perceived as absolute and inviolate; it could be motivated and inhibited by a variety of personal and community factors. As a consequence, Colcord wrote, "changes in the social workers' attitude toward treatment have meant less emphasis on point of view, less tendency to press court action, at least in the beginning, fewer commitments of children, a more liberal relief policy, . . . and lastly, longer supervision after the man has resumed support of his family."[45] An important and subtle change in perspective had occurred: social workers began to treat desertion as one more symptom of family dysfunction, not, as they had suggested earlier, as a symptom of impending social crisis.

This movement, from an overt moralism to a more subtle psychological analysis, paralleled in some ways the earlier transition from emphasis on moral factors to concern over the negative effects of an unchanged environment that characterized much of Progressive social welfare reform. Yet the view of desertion remained distinctive in its emphasis on the individual, illustrating the continued importance of moralistic assessments among those activists attempting to ameliorate the conditions of family life. Reformers first argued that the deserter failed because of inherent personal degeneracy. By the end of this era, they cited personal maladjustments. Such concentration on individuals would be significant because it impeded any critical investigation into the nature of family life as a social relationship, or any critique of the position of families, men, and women within society.[46] Instead, social workers continued to measure desertion against two criteria: the elimination of unnecessary dependency, and most important, the harmonious "good family" and its attendant ideal gender roles.

As a consequence, the social and legal treatment of desertion served to regulate masculinity, to punish men who did not deal properly with the "problem of duty." These reformers sought to ensure standards of behavior and family obligation through mandatory male bread-

winning. If the workman failed to support his dependents, he faced charges of a misdemeanor or a felony, imprisonment, fines, and possible hard labor. If honor and obligation did not reinforce his commitment to the family, then the law maintained the power to enforce his responsibility—and his gender role. And reformers had worked to shape both law and social casework practice to fit their ideas of masculinity.

The concepts of masculinity present within the community of Progressive Era social activists contained many of the features of nineteenth-century notions of a "proper" manhood. A generation of men before the robust Theodore Roosevelt believed in the importance of vigorous action and attempted to embody the contradictory virtues of strength and restraint, courage and fatherly nurture, self-reliance and camaraderie.[47] Yet manhood entered a period of transition at the turn of the century, as new fears of social and psychological dangers created concern about the future of virility. Some American commentators publicly expressed fear of the debilitating and feminizing effects of neurasthenia on American men. This perception of a weakening of virility among many native-born, middle-class men was heightened by a middle-class sense of the vitality of the working-class and immigrant man. The contrast was acutely felt in the Progressive reform community.[48]

Both charity workers and social settlement residents consistently complained about their inability to attract working-class men to charitable or settlement functions, a problem attributed by these reformers to a lack of their own virility. The majority of social welfare activists commenting on the difficulties of dealing with workingmen suggested that welfare work failed to attract a "man's kind of man."[49] Worry about the decline of middle-class masculinity may have been a significant factor in the reform community as it addressed desertion. Casework with the deserter and his family at times involved overt sexuality, passion, masculine violence, and lack of self-restraint, emphasizing differences in masculine style and ideas. Reformers sought to establish a moderate standard of masculine behavior and to control working-class manhood when it deviated from this standard.

The most significant aspect of the Progressive Era response to desertion, however, lay in the formation of a new relationship among social welfare workers, the state, and the family. Historian Linda Gordon has suggested that intervention by a third party was frequently welcomed by women and children who lacked the ability, the power, or the resources to protect themselves from recreant husbands and fathers.[50] Yet, while intervention could aid an abused wife or a neglected child, it had social as well as individual consequences. Admittedly, social workers did have access to a greater variety of agencies that might be used to bring aid to the deserted family. Laws could penalize, orga-

nizations such as the National Desertion Bureau could locate the deserter and the state might offer limited assistance as well. But, the network of benevolent interference in family life by qualified "experts" became, by 1918, investigation by social caseworkers into such intimacies as sexual practice, while probation officers kept a watchful eye on the housewife's tidiness and the children's appearance. And Progressives legitimated their ideal of the good family through this systematic intervention. Perhaps desertion's victims longed for this life of the good family. Perhaps they sought greater individual or family autonomy than these roles implied. Regardless of the family's hopes and yearnings, the price of assistance entailed a loss of choice. And by 1920, through social services and the courts, the state regulated another aspect of family life for the poor, the disadvantaged, and for working-class Americans. This interference was extended in the interests of social stability, of restoring the reformers' view of a proper social order. The legacy of their conception of the "problem of duty" would continue for decades in the courts and in social services.

Notes

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1. Statement by Mary E. Roff (December 16, 1911). Papers of Benjamin B. Lindsey, Library of Congress, Washington, D.C., box 35, file 12; Joseph C. Logan, "A Social Policy for Dealing with the Recreant Husband and Father," *Proceedings* of the National Conference of Charities and Correction (Boston: Ellis, 1911), p. 405 (hereafter cited as NCCC). This article deals generally with male support obligations. Such legal and social responsibilities were divided into a paternal support requirement and a spousal support duty, and laws typically distinguished between the two. Progressive reformers tended to view the support obligation as all of a piece, however, and this article follows their construction.

2. Grace Abbott, *The Child and the State*, vol. 1, *Legal Status in the Family, Apprenticeship and Child Labor* (Chicago: University of Chicago Press, 1938), pp. 45–62; Isidor Loeb, *The Legal Property Relations of Married Parties: A Study in Comparative Legislation* (1900, reprint, New York: AMS Press, 1968); Jacobus tenBroek, *Family Law and the Poor* (Westport, Conn.: Greenwood Press, 1964), pp. 93–114. See also Susan Westerberg Prager, "Shifting Perspectives on Marital Property Law," in *Rethinking the Family: Some Feminist Questions*, ed. Barrie Thorne (New York: Longmans, 1982), p. 113; and Nadine Taub and Elizabeth M. Schneider, "Perspectives on Women's Subordination and the Role of Law," in *The Politics of Law: A Progressive Critique*, ed. David Karrys (New York: Pantheon, 1982), pp 117–43.

3. Martha May, " 'An Obligation on Every Man'· The Social Construction of Masculine Breadwinning in Nineteenth-Century America" (paper delivered at the American Historical Association, Chicago, December 28, 1986).

4. *Proceedings* NCCC (1903), p. 522.

5. See esp. Paul Boyer, *Urban Masses and Moral Order in America, 1820–1920* (Cambridge, Mass.: Harvard University Press, 1978); Robert Bremner, *From the Depths· The Discovery of Poverty in the United States* (New York: New York University Press, 1967); Frank J

runo, *Trends in Social Work, 1874–1956* (Westport, Conn.: Greenwood Press, 1980); nd Daniel T. Rodgers, "In Search of Progressivism," in *The Promise of American History*, d. Stanley I. Kutler and Stanley N. Katz (Baltimore: Johns Hopkins University Press, 982), pp. 113–32, esp. pp. 115 and 123.

6. For examples of Progressive rhetoric on family, see Margaret Byington, "The Normal Family," *Annals of the American Academy of Political and Social Science* 77 (May 1918): 13–15; Arthur Calhoun, *A Social History of the American Family* (New York: Barnes & Noble, 1917); Jacob Riis, *The Peril and the Preservation of the Home* (Philadelphia. Jacobs, 1903); and John B. Robins, *The Family: A Necessity of Civilization* (New York: Revell, 1986). For extended examinations of the Progressive ideology of family life, see Susan Tiffin, *In Whose Best Interest? Child Welfare Reform in the Progressive Era* (Westport, Conn.: Greenwood Press, 1982); and Martha May, "Home Life: Progressive Social Reformers' Prescriptions for Social Stability, 1890–1920" (Ph.D. diss., State University of New York at Binghamton, 1984).

7. Mark Leff, "Consensus for Reform: The Mothers' Pension Movement in the Progressive Era," *Social Service Review* 47, no. 3 (September 1973): 397–417; Muriel W. Pumphrey and Ralph E. Pumphrey, "The Widows' Pension Movement, 1900–1930: Preventive Child-Saving or Social Control?" in *Social Welfare or Social Control?* ed. Walter . Trattner (Knoxville: University of Tennessee Press, 1983), pp. 51–63; Tiffin, pp. 21–40, and May, pp. 214–61. See Boyer, who makes an especially strong case for he rise of an environmental perspective in the reform community. See also Ronald Howard *A Social History of American Family Sociology, 1865–1940*, ed. John Mogey (Westport, Conn Greenwood Press, 1981); and Ralph E. Pumphrey and Muriel Pumphrey, *The Heritage of American Social Work* (New York: Columbia University Press, 1961), pp 159–68

8 E P Savage, "Desertion by Parents," *Proceedings*, NCCC (1895), pp 213–15; Savage, "Desertion by Parents," *Proceedings*, NCCC (1897), pp. 313–28.

9 Savage, "Desertion" (1897).

10 Ibid , Aileen Kennedy, *The Ohio Poor Law and Its Administration* (Chicago: University of Chicago Press, 1934), p. 61.

11 Savage, "Desertion" (1897).

12 Ibid.; see also Frank D. Watson, *The Charity Organization Movement in the United States* (New York· Macmillan, 1922), pp. 320–21, Edward Devine, *The Spirit of Social Work* (New York Russell Sage, 1911), and Joseph Lee, *Constructive and Preventive Philanthropy* (New York: Macmillan, 1902)

13. Mary Conyngton, *How to Help: A Manual of Practical Charity* (New York: Macmillan, 1909), p. 127, Mary Richmond, *The Long View* (New York: Russell Sage, 1930), p. 78; Alice Willard Solenberger, *One Thousand Homeless Men* (New York: Russell Sage, 1910), p. 11, William Stewart, ed , *The Philanthropic Work of Josephine Shaw Lowell* (New York: Macmillan, 1911), p. 212; Mary Richmond, *Friendly Visiting among the Poor* (Montclair, N J.: Patterson Smith, 1969), p. 56; Robert Woods, *The Neighborhood in Nation Building* (New York. Arno, 1970), p. 109.

14 For examples of this perspective, see Lee Frankel, "The Uses of Manual Relief," *Proceedings*, NCCC (1903), p 323, Edmund J. Butler, "Causes of Poverty," *Proceedings*, NCCC (1903), p. 280, I. M. Rubinow *Social Insurance* (New York: Holt, 1913), p. 34; and Edward Devine, *The Principles of Relief* (New York: Macmillan, 1904), p. 168.

15 Nelson Manfred Blake, *The Road to Reno: A History of Divorce in the United States* (New York: Macmillan, 1962); Earle Edward Eubank, *A Study of Family Desertion* (Chicago Department of Public Welfare, 1916); Lilian Brandt, *Five Hundred and Seventy-Four Deserters and Their Families* (New York: Charity Organization Society, 1905).

16. The identification of middle-class values in the nineteenth century has been the subject of several recent investigations, including John S. Gilkeson, Jr., *Middle Class Providence, 1820–1940* (Princeton, N.J.: Princeton University Press, 1986); Karen Halttunen, *Confidence Men and Painted Women A Study of Middle Class Culture in America, 1830–1870* (New Haven, Conn.: Yale University Press, 1982); Elaine Tyler May, *Great Expectations Marriage and Divorce in Post-Victorian America* (Chicago: University of Chicago Press, 1980); Steven Mintz, *A Prison of Expectations. The Family in Victorian Culture* (New York. New York University Press, 1983); and Mary P. Ryan, *Cradle of the Middle Class The Family in Oneida County, New York, 1790–1865* (New York: Cambridge University Press, 1981). For an analysis of the emergence of the middle class, see Stuart Blumin,

"The Hypothesis of Middle Class Formation in Nineteenth-Century America: A Critique and Some Proposals," *American Historical Review* 90 (April 1985): 299–338.

17. Amos Warner, *American Charities: A Study in Philanthropy and Economics* (New York: Crowell, 1894). For the charities' retention of moralism in their case work, see Watson, *Charity Organization;* Devine, *Principles;* Dorothy Becker, "The Visitor to the New York City Poor, 1843–1920: The Role and Contributions of Volunteer Visitors of the New York Association for Improving the Condition of the Poor, State Charities Aid Association, and the New York City Charity Organization Society" (Ph.D. diss., Columbia University 1960); and Maurice Parmalee, *Poverty and Social Progress* (New York: Macmillan, 1920).

18. See Jean B. Quandt, *From Small Town to the Great Community: The Social Thought of Progressive Intellectuals* (New Brunswick, N.J.: Rutgers University Press, 1970); David W. Noble, *The Progressive Mind, 1890–1917* (Chicago: Rand McNally, 1971); Roy Lubove, *The Professional Altruist: Emergence of Social Work as a Career, 1880–1930* (Cambridge, Mass.: Harvard University Press, 1965); and Howard (n. 7 above).

19. Reformers' anxiety may also have been related to the growing number of divorces granted on the grounds of desertion, yet the issue of divorce rarely enters into the published discussions of desertion among the poor. Earle Eubank, e.g., dismissed divorce as an important dimension of the desertion problem, arguing that although abandonment represented the poor man's divorce, it remained unauthorized and unsanctioned. He cited Percy S. Grant's 1902 observation that the poor "take matters into their own hands and break the rules like children" (Eubank, p. 19).

20. Watson, pp. 320–21; Morris Waldman, *Proceedings*, National Jewish Charities (1910), p. 96

21. In one typical case, a friendly visitor assisted a deserted mother in finding a job and recommended that the woman's young baby be boarded out when the mother could not care for the child as a result of her low-paid work (case report, January 30, 1893, Denison House Papers, box 1, folder 5, [Cambridge, Mass., Schlesinger Library, Harvard University]); see also Brandt, pp. 38, 45.

22. Brandt, p. 45.

23. Brandt indicated that the 43% received less than $600 per year. While she did not explain why $600 was used as a guideline, it was the amount later cited by John Ryan in 1906 as the lowest level of a family income providing for health and decency for five persons (see John A. Ryan, *A Living Wage: Its Ethical and Economic Aspects* [New York: Macmillan, 1906]).

24. Brandt, pp. 24–25, 41.

25. Ibid., pp. 22–23, 31, 38, 44; see also Simon Forman, "Standards of Living," *Proceedings* NCCC (1906), p. 347; Mary Richmond, *Social Diagnosis* (New York: Russell Sage, 1917), p. 147.

26. Waldman, p. 65.

27. Brandt, p 15.

28. Joanna Colcord, *Broken Homes: A Study of Family Desertion and Its Social Treatment* (New York: Russell Sage, 1919), p. 2; Tiffin (n. 6 above), p. 150, Devine, *Principles* (n 14 above), p. 137; *Proceedings*, NCCC (1903), p 522.

29. William Baldwin, "The Present Status of Family Desertion and Non-Support Law," *Proceedings*, NCCC (1911), p. 407; *Survey* (December 19, 1914), Preface, p. 323, Monroe M. Goldstein, "Report on Desertion," *Proceedings*, National Jewish Charities (1912), p. 93; Colcord, *Broken Homes*, pp. 71, 164; Tiffin, pp. 149–59; Savage (n 8 above, 1897), p. 321.

30. William Baldwin, *Family Desertion and Non-Support Law* (Washington, D.C.: Associated Charities, 1904), pp. 15, 46; Watson, p. 322; Baldwin, "Making the Deserter Pay the Piper," *Survey* (November 20, 1909), pp. 249–52.

31. Logan (n. 1 above), p. 401; Baldwin, "Piper," p. 250. See also William DeLacy, "Non-Support Laws at the Nation's Capital," *Charities and the Commons* 18 (September 21, 1907), p. 721.

32. Charles Vernier, *American Family Law* (Palo Alto, Calif.: Stanford University Press, 1931), 2:118–38.

33. *Survey* (December 19, 1914); ibid. (August 23, 1913), p. 640.

34. Logan; *Proceedings*, National Jewish Charities (1912), p. 55; Tiffin, p. 157.

35. *Proceedings*, NCCC (1911), p. 413.

36. Ibid.

37. Minnie Low, "Cooperation between Courts and Voluntary Public Agencies," *oceedings*, NCCC (1912), pp. 465–66; Howard Nash, "Judicial and Probationary reatment of Cases of Non-Support of Family," *Proceedings*, NCCC (1912), pp. 466–; Baldwin, "Present Status," p. 409; Charles Goodnow, "The Court of Domestic elations," in *The Child in the City*, ed. Sophonisba Breckinridge (Chicago: Chicago hool of Civics & Philanthrophy, 1912), pp. 330–40; Alfred J. Kahn, *A Court for the ildren: A Study of New York City Children's Court* (New York: Columbia University Press, 53), pp. 16–21; Ellen Ryerson, *The Best-laid Plans: America's Juvenile Court Experiment* lew York: Hill & Wang, 1978); Steven J. Schlossman, *Love and the American Delinquent: e Theory and Practice of 'Progressive' Juvenile Justice, 1825–1900* (Chicago: University Chicago Press, 1977).

38. John J. Gascoyne, "Judicial and Probationary Treatment of Cases of Non-Support Family," *Proceedings*, NCCC (1912), p. 464; Nash.

39. Colcord, *Broken Homes* (n. 28 above), p. 166, "Desertion and Non-Support in mily Casework," *Annals of the American Academy of Political and Social Science* 77 (May 18): 92–98; Walter Liebman, "Some General Aspects of Family Desertion," *Social giene* (April 6, 1920), pp. 197–212.

40. Colcord, *Broken Homes*, pp. 18–42; Liebman also recorded a case in which a serting husband abandoned his wife owing to "sexual incompatibility," p. 203.

41. The records of organizations such as Chicago's Juvenile Protective Association, g., make reference to sexual abuse and sexual dysfunction among families, but reformers' iblications offer a more veiled reference to family sexuality. Historian Linda Gordon is documented the prevalence of family violence among the poor in "Single Mothers id Child Neglect, 1880–1920" (*American Quarterly* 37 [Summer 1985]: 173–92).

42. Colcord, *Broken Homes*, p. 56.

43. See esp. James R. McGovern, "The American Woman's Pre–World War I Freedom Manners and Morals," in *Our American Sisters*, 2d ed., ed. Jean E. Friedman and illiam G Shade (Boston: Allyn & Bacon, 1976), pp. 345–65; Steven Schlossman and ephanie Wallach, "The Crime of Precocious Sexuality: Female Juvenile Delinquency the Progressive Era," *Harvard Educational Review* 48 (February 1978); 65–94; and yan Strong, "Ideas of the Early Sex Education Movement in America, 1890–1920," *story of Education Quarterly* 12 (Summer 1972): 129–62 See also Charles Larsen, *The od Fight The Life and Times of Benjamin B. Lindsey* (Chicago: Quadrangle Books, 1972), 145–47

44. Colcord, *Broken Homes*, p. 46. On recreation and reform in the Progressive Era, e Dale A. Somers, "The Leisure Revolution: Recreation in an American City, 1820–20," *Journal of Popular Culture* 5 (Summer 1971): 125–47; Stephen Hardy, *How Boston ayed Sport, Recreation, and Community, 1865–1915* (Boston. Northeastern University ess, 1982); David I Macleod, *Building Character in the American Boy: The Boy Scouts, ICA, and Their Forerunners, 1870–1920* (Madison: University of Wisconsin Press, 83), and Roy Rosenweig, *Eight Hours for What We Will: Workers and Leisure in an dustrial City, 1870–1920* (New York: Cambridge University Press, 1983); Gilkeson (n. above).

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49. Daniels.

50. Gordon (n. 41 above); see also Eileen Boris and Peter Bardaglio, "The Transformation of Patriarchy: The Historic Role of the State," in *Families, Politics, and Public Policy*, ed. Irene Diamond (New York: Longmans, 1983), pp. 70–93.

ʼallen Women, Federated Charities, and Maternity Homes, 1913–1973

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Historians of social policy have emphasized its twentieth-century modernization: the substitution of a secular for a religious outlook, of trained professionals for "friendly visitors," of organized, efficient delivery of services for well-intentioned but unsystematic philanthropy. However, an examination of the changing relationship between a federated charity organization that self-consciously embodied these modern trends and member maternity homes that resisted them raises questions about this analysis Although conclusions from a case study should be tentative, these suggest that generalizations, first, about the ability of federated charities to shape social policy and, second, about the decline of the religious impulse in social services should be made with equal caution.

ʼ 1913 Clevelanders founded the Federation for Charity and Philnthropy to meet the "challenges of the city"—dependency and deʼquency, unsafe and unsanitary slums and streets, and exploitive ʼdustry—by collective fund-raising for 55 of the city's voluntary social ʼelfare agencies.[1] Among the Federation's charter members were four ʼaternity homes, founded in the late nineteenth century to shelter ʼd reform women who had "lost the glory of their womanhood":[2] ʼe Retreat, St. Ann's Maternity Home and Infant Asylum, the Salvation ʼmy Rescue, and the Florence Crittenton Home. A fifth, the Mary ʼ Talbert Home, joined the Federation in 1925.

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By 1973 Cleveland's federated charity organization, now called the Federation for Community Planning, coordinated the services of 210 members. Only two—Booth Memorial Hospital and DePaul Maternity and Infant Home, the offspring of the Salvation Army Rescue and St. Ann's Hospital, respectively—were maternity homes.

Historians have contended that federated charities such as Cleveland's successfully imposed professional and secular standards on member agencies, bringing them into congruence with current social policy.[3] This case study suggests, however, that although Cleveland maternity homes conformed to some pressures from the federated charities to modernize policies and practices, the homes retained their nineteenth-century religious commitments and mission for at least 60 years.

In 1913 the homes and the Federation had shared the belief that private agencies could often solve social problems by reforming individuals within institutions. Over time, however, the goals and strategies of the Cleveland Federation changed, gradually assuming the secular orientation of professional social work during the 1920s, acknowledging the greater responsibility of public agencies for social welfare and the diminished need for institutionalizing dependent persons in the aftermath of the Great Depression, and adapting to post–World War II changes in clientele and a redefinition of women's roles and sexual norms in the 1960s. In 1973, despite these changes, Cleveland's two maternity homes, Booth and DePaul, remained private institutions committed to the spiritual regeneration of fallen womanhood.

Maternity Homes and Moral Rescue, 1869–1912

Maternity homes had their origins in the late nineteenth-century evangelical benevolence that equated reform and social welfare with the moral rescue and spiritual reclamation of the individual—in this case, the "fallen woman." Building on the tradition of antebellum female moral reform, most homes began as refuges or asylums where prostitutes or would-be prostitutes could be sheltered and restored to virtue.[4] These refuges and other facilities for dependent or delinquent people were generally viewed as an effective means of both caring for and controlling inmates, and although later historians have seen those as conflicting aims, nineteenth-century Americans did not.[5] On the contrary, they believed that the homeless individual could best be sheltered from the chaos and vice of the American city within an institution and that there he or she could be taught the virtues that would prevent a recurrence of dependence. The nineteenth-century workhouse is an example. By the mid-nineteenth century, institutions were also to be as "homelike" as possible so that the alleged virtues of home and hearth would influence their inmates.[6]

The founders of Cleveland's maternity homes, for example, failing in their original intent to convert prostitutes, turned their attention in-

ead to young women, who, loosed from the restraints of family, vil-ge, and church, might become—or indeed had already become—e victims of scheming men. To nineteenth-century philanthropists nd reformers, "the city was an illusive trap set carefully for country rgins,"[7] and the best solution was an environment where Christian rtue could offset urban vice.

To this end the Retreat was founded in 1869 by the Cleveland Voman's Christian Association (later the Young Women's Christian ssociation). As an adjunct of the YMCA, the Woman's Christian As-ciation shared its goal of the conversion of urban youth to evangelical rotestantism and middle-class respectability. A female board of man-gers oversaw the Retreat and hired the "Christian" matron in residence. 1873 the Cleveland Catholic Diocese opened St. Ann's Maternity ome and Infant Asylum to protect young Catholic women from the gorous proselytizing of the Retreat—from which a priest trying to ach the bedside of a dying Catholic girl had allegedly been turned vay.[8] The home was staffed by Sisters of Charity of St. Augustine.

The Salvation Army Rescue, opened in 1892 and administered by officers, was one of several Army rescue homes. Its goals were —to provide a home for fallen girls who wish to reform; B—to ach them habits of industry and self-help; C—to lead them to Christ r salvation."[9] Like all Salvation Army endeavors, the Rescue sought cure dependence and delinquency through conversion to its militant otestantism. The Cleveland Florence Crittenton Home, opened in 12, was one of a chain of rescue homes begun in 1883 by the nillionaire evangelist" Charles Crittenton in his effort to bring New rk City streetwalkers to Christ. Like the Retreat, the Crittenton me's daily affairs were overseen by a board of managers, aided by ittenton "Circles" of volunteers from neighboring churches.

The homes' religious origins and affiliations were expressed most portantly in their analysis of unwed motherhood as a lapse from ace that could be repaired by spiritual rebirth and regeneration. his goal was to be achieved through Bible study, through religious struction and devotions, and through the "Christian example" of e female staff and board members who often served as volunteers the homes. The homes attempted to recreate a familial setting in hich a woman could be taught the vocational skills to earn an "honest" ing—almost always in domestic service—and she could also learn tangible virtues of "true" or respectable womanhood. This process redemption required lengthy confinement within the home—months d even years.

In order to protect their own and their families' reputations, inmates' al names were never used within this cloistered environment. Although fore 1900 many unwed mothers gave their infants up for adoption, the turn of the century most homes subscribed to the belief that e sanctity of motherhood could repair a woman's moral lapse or fall

from grace through its redemptive powers, and thus they required mothers to keep their children in order to save their own souls. Although this policy was also designed to protect the infants' health by requiring mothers to nurse them, the emphasis was on the spiritual values of this routine, as Retreat managers explained in 1901: "One member of the Retreat family who from being a year ago rebellious, untruthful, quarrelsome, and altogether unsatisfactory, is today transformed through the gentle influence of a well ordered home (her first opportunity to know of such and of the mightier power of mother-love), into a wholesome, reliable woman efficient in her family and hopeful for the future which she means shall not separate her from her baby, although she must depend entirely upon her bread-winning powers for the support of both."[10]

The Salvation Army Rescue also claimed success for this strategy, maintaining in the 1904 annual report that "of the 2,294 cases having passed through our Home, 90 percent have been reclaimed. Thank God! Many have been saved; some are already across the River, while testimonies reach us constantly from their employers, telling of the brave fight for righteousness which many of our girls are making in their various situations."[11]

Federated Charities and Efficiency, 1881–1913

The antecedents of federated charity organizations lay in late nineteenth-century attempts to make philanthropy more "scientific." These included the state boards of charity that coordinated private and public institutions for dependent persons; the establishment in 1874 of the National Conference on Charities and Correction, which became the National Conference on Social Welfare; and, most important, the charity organization societies. Clevelanders formed the city's first charity organization society in 1881.

The charity organization movement had two thrusts: first, opposition to public relief because of the implication that the recipient had a right to receive assistance; and second, the elimination of the haphazardness and sectarianism of the myriad private relief agencies that had sprung up to alleviate the problems created by rapid, unplanned urbanization and industrialization in the post–Civil War period. The latter task was made more difficult by the church affiliations and by the autonomy of these agencies.

The resulting federated charities epitomized, in many respects, the goal of progressive reformers to make more efficient and expert their efforts to humanize the American city. The desire to raise more money and to use it more efficiently necessarily involved federations in planning services in order to avoid waste or duplication. According to Roy Lubove, "As a consequence of its emphasis upon economy, efficiency, and uniform service standards, federation [of charities] endorsed the

rofessional [social] worker's contention that philanthropic leadership nd client care were the prerogatives of the trained and skilled . . . nd furthered the growth of professional welfare."[12]

The immediate impetus for the Cleveland Federation of Charity nd Philanthropy, credited by Lubove with being the first "modern ommunity chest" in the country,[13] came from the local Chamber of ommerce, which saw the need for a coordinated fund-raising effort y private agencies. Although member agencies could raise additional inds independently, they had to follow Federation guidelines for iese solicitations. Some agencies also had endowments, but for most, ederation funds and endorsement were crucial. This financial imerative was, of course, the source of the Federation's control over its iembers.

The Federation's first yearbook stressed the importance of private, oluntary charity: "The best the city can do . . . is far from enough. rivate charity and philanthropy must continue the superb works ready carried on by them and must enter new fields."[14] The Fedation's board of trustees was comprised primarily of volunteers from e participating agencies and from the city's business leadership.

The Federation's executive secretaries were usually professional social orkers. However, although there were a handful of social work schools y 1913, professional social work was not yet clearly distinguished om the nineteenth-century "friendly visiting" done by volunteers for ty missions and for charity organization societies. The question posed y Abraham Flexner at the 1915 meeting of the National Conference n Charities and Correction, "Is social work a profession?" was as yet nanswered.

Despite its twentieth-century birthdate, therefore, the Cleveland ederation relied by necessity on the tradition of evangelical benevolence iat had spawned the maternity homes. This is indicated by the Fedation's tacit endorsement of its other members' goals and tactics. hree provided outdoor relief—the Associated Charities, the Salvation rmy, and the Volunteers of America. Most members, however, were stitutions intended both to shelter and to reform their clientele: the onvent of the Sisters of the Good Shepherd—"to preserve the moral aracter of girls whose home influences are undesirable and to rerm those who are wayward"; the Cleveland Protestant Orphan sylum—"to care for orphaned and friendless children"; the Children's d Society—"to provide a home and schooling for neglected, destitute, d homeless children"; or St. John's Orphanage—"to provide home aining for dependent girls."[15]

n Uneasy Consensus, 1913–29

ie initial consensus of the Federation and the maternity homes on e reformative possibilities of institutions and on the primacy of private

agencies is illustrated in the workings of the Federation's Conference on Illegitimacy. The Conference was composed of member agencies, including the homes that dealt with illegitimate children and their mothers. The purpose of the Conference was to share information and expertise and to systematize the policies and practices of the several agencies. Members included the city's hospitals, the Babies' Dispensary, the Juvenile Court, the Associated Charities, as well as the maternity homes. Most delegates were women, about half had professional backgrounds, and the rest were volunteers for the agencies. The secretary of the Conference was usually a professional social worker.

Conference meetings followed casework procedures, examining current cases handled by the homes and by other agencies. A 1914 discussion, for example, centered around this woman, described by the Salvation Army Officer from the Rescue:

> A most ignorant and inexperienced girl, an orphan who had not hardly any advantage in life, became a mother at 16 years of age. Hard to handle before the baby was born, she afterward became exceedingly tractable. She was very fond of her child. After the usual stay in the . . . Home, she secured a position with her baby in a private family where she remained until the baby was more than a year old. After that she boarded the baby at the home. The child is now six years old. The mother is making $6 a week as a domestic and has a bank account. . . . She . . . has visited the child twice a week. She has improved wonderfully and is soon to marry and take her child with her.[16]

The case also illustrates the shared belief of Conference members that unwed motherhood was attributable to a moral lapse and hence could be redeemed through responsible child care within an appropriate institution. This strategy was approved by child care workers generally. For example, Dr. Kate Waller Barrett, general superintendent of the National Florence Crittenton Mission and an articulate and respected advocate of "motherhood as a means of moral reclamation," had urged this policy on the 1910 National Conference of Charities and Correction. The Cleveland Conference itself formally recommended in 1914: "In every possible case the mother [should] be expected to nurse her child" because "maternity has no reforming impulse unless the mother has the care of the child for some time. She is much sobered thereby."[17]

The impulse to reform and to reclaim the individual coexisted uneasily with more modern and secular diagnoses and treatments of illegitimate pregnancy. The Conference, for example, recommended that homes administer mental tests or IQ tests to their inmates, reflecting the current wisdom that sexual deviance could be attributed to feeble-mindedness. (This was also a popular explanation for women becoming prostitutes.)[18] A 1916 Conference report warned against "the menace of the feeble-minded," alleging a "definite relationship . . . between

eble-mindedness and immorality."[19] The ambiguity is caught nicely a 1914 listing of "mental and moral weakness" as a significant "cause f [an unwed mother's] downfall."[20]

The Conference also responded to the progressive emphasis on reater public responsibility for social welfare. For example, in 1916 e Conference recommended that the unwed mother be treated as "deserted wife" so that she might be eligible for the new Ohio mothers' ensions "under the same conditions as any mother of dependent ildren." The Conference also urged that courts more vigorously osecute putative fathers for child support.[21]

The growing professionalization of social work became increasingly portant in shaping policy toward unwed motherhood. From its very tset, the Conference encouraged member agencies to employ ofessional staff.[22] Professionalization was facilitated by the 1916 unding in Cleveland of the Western Reserve University School of plied Social Sciences and by the Federation's merger in 1917 with e Welfare Council, a group of social workers in charge of the city's lief and welfare activities. The federated charities organization then came known as the Welfare Federation and it engaged in the planning services. Fund-raising was done by the community chest. After 18, the Conference joined the Inter-City Conference on Illegitimacy, ose members were also social workers interested in developing ofessionals standards for the care of illegitimate children.[23]

In 1922 the Inter-City Conference issued these guidelines for ma-rnity homes: "Maternity homes have unusual opportunities to do portant work in the field of illegitimacy. The spirit underlying their rk should not be that of the reformatory or penal institution. Maternity mes should aim as nearly as possible to approximate the normal e of the outside community. . . . The principles of good social casework ould be applied to every phase of the work. The executive head of ch maternity home should have thorough social case work training."[24]

However, the guidelines were clearer on paper than they were in actice. This implicit criticism of maternity homes was reinforced by e Cleveland Conference's 1924 recommendation that no new ones built in Cleveland and that available funds be used instead to augment e staff of the Cleveland Humane Society, which did the casework th for mothers after their confinements and for women who did t enter homes at all.[25]

Yet only a year later, the Federation funded another maternity home. ncerned with the growing number of black unwed mothers, the nference urged that the Salvation Army establish a separate facility r them, which opened as Mary B. Talbert Home in 1925 with the lp of the Cleveland Council of Colored Women. It is not clear ether this decision to sponsor a fifth maternity home represented

an endorsement of the traditional institutional approach to unwe motherhood or a sanction of racial segregation.

Nor were guidelines for professional caseworkers clearly define In the spring of 1928, for example, Conference delegates heard psychiatrist urge the "value of the psychiatric approach" to illegitimac Psychiatry, he said, would help the social worker gain "a bett perspective—a conception of illegitimacy not as a sex problem on but linked with other personality traits"; it would also show "the nee for adequate social investigation, not only factual information bı analysis of all the factors around the girl. Very careful and intensi social work should be done."[26] Yet, only months before, Mabel Mattingl a practicing social worker with a master's degree from the School (Applied Social Sciences of Western Reserve University, advised th Conference that "the case worker's approach and treatment must b as scientific as possible, but she must remember that the eternal value are spiritual ones."[27]

The maternity homes themselves made changes during the 191(and 1920s. For example, the two largest homes developed medic specialties in obstetrics. St. Ann's established Loretta Hall, a separat facility for unwed mothers, while it received paying and married ma ternity patients at St. Ann's Hospital. The Salvation Army Rescue i Cleveland—as elsewhere by the mid-1920s—became Booth Memori Home and Hospital, a dual rescue home and maternity hospital, name after William Booth, the Army's founder.

However, the routine of domesticity and religiosity for unwed mother in all facilities remained substantially unchanged from the turn of th century. At the Retreat, for example, a public school teacher taugh classes two evenings a week during the school year, but the girls spen more time making their uniforms and baby clothes, learning persona hygiene and baby care. There were weekly Bible classes and dail religious services. The staff consisted of a superintendent or matron a trained nurse, and a housekeeper. The only casework was done b the Humane Society after the girl had left the Retreat.[28]

A Florence Crittenton Home report from the mid 1920s describe this daily program: "After breakfast which is at 7:30, services consisting of scripture reading, singing, and prayer are held. Then the girls go to their assigned duties. When they are through, they are free until dinner time, except those working in the kitchen. After dinner they attend a sewing class . . . then they are privileged to read, sew for themselves or do fancy work until supper time at 5:30."[29] Volunteers from the Crittenton Circles of nearby churches taught basketry and fancy sewing. Girls attended religious services twice a week and received visitors only once. They were encouraged to stay in the home for at least 6 months after childbirth and to keep their children so that "motherhood might strengthen their characters."

The homes' strategies remained the same because their goals had remained constant: moral reclamation and spiritual rehabilitation. The brochure claimed that "85 percent of our girls make good."[30] A 1929 brochure for the Cleveland Crittenton Home repeated the words of founder Crittenton to the prostitutes who became his first converts: "'Go and Sin No More.'"[31]

Heightened Differences, 1929–36

The economic disaster of the Depression and a more clear-cut definition of social work heightened differences between the Federation and the maternity homes, most significantly with respect to the value of institutional confinement. The institutionalization of dependent people had always had its critics. No sooner had the first orphanages been founded, for example, than their opponents countered with agencies to place children in foster homes. The reformist temper of the progressive period heightened the anti-institutional impulse, illustrated by the juvenile court probation system and by the increase in agencies such as the Cleveland Humane Society that provided child-placing and nonresidential services.[32] During the hard times of the Depression, the higher costs of maintaining the facilities, staff, and clientele of institutions made them particularly vulnerable to criticism.

By the early 1930s social work had come closer to developing a professional identity and strategies of its own, thanks to associations such as the American Association of Social Workers, to journals, and to advanced degrees in social work. Aided by the general popularity of psychoanalytic theory, social workers claimed psychiatrically oriented casework as their particular area of expertise.[33] Consequently, many social workers believed that institutional treatment in maternity homes was incompatible with the "individualized" therapeutic approach and ignored the similarities between this approach and the older one of individual reclamation. Thus professional principles about individual treatment meshed neatly with the practical realities of the institutions' higher costs, further weakening the case for maternity home care.

In the early 1930s Cleveland Federation agencies rapidly accumulated deficits as private contributions disappeared, as endowments no longer paid dividends, and, finally, as the Community Chest fell short of its annual goals.[34] As part of a general reorganization, the Conference on Illegitimacy was merged with a Committee on Unmarried Parents of the Children's Council. The Children's Council was to coordinate the work of all the child care agencies in the Federation. It was composed equally of volunteers and professional social workers, although the latter appear to have attended meetings more regularly and probably had disproportionate influence within the Council.[35]

In this context, the Federation took a hard and close look at the homes' long-standing practices. A 1932 questionnaire administered to five maternity homes in Cleveland and five elsewhere revealed that the homes still retained a 6-month confinement policy and that they provided vocational training almost entirely for domestic service that the girls actually performed around the homes. The report also noted the absence of trained social workers in residence and it was particularly critical of the confined life, commenting that some girls "grew restless and discontented, and count[ed] their days and even hours till their time [was] up."[36]

Two years later, a second report was even more critical, particularly of the cloistered life within the homes, where all recreation, religious services, and even childbirth took place. This report recommended "flexibility in planning for unmarried mothers," meaning the use of foster homes or wage homes as well as—or instead of—maternity homes.[37] A foster home program had been instituted in Canton, Ohio, in 1931; according to one of its caseworkers, foster home care facilitated "personality adjustment" in an "individualized setting," and it was less expensive.[38]

In 1936, the Federation sponsored an exhaustive report on unmarried mothers and on the services available to them. The report was prompted by doubts about the continued viability of the maternity homes, especially of the Retreat and the Crittenton Home, whose small occupancies were shrinking. Not surprisingly, the findings augured ill for the homes. The number of reported illegitimate births had remained nearly stable from 1931 to 1935, but the number of women using the homes had dwindled to less than half of all registered illegitimate births.[39] The expenses of the long confinement were clearly one explanation. Furthermore, more unwed mothers were on relief, and public funds did not underwrite confinements in maternity homes.[40]

More of Cleveland's unwed mothers were black, but the Talbert Home had a capacity of only 32 beds, and four of these were reserved for private, paying patients whose black obstetricians had difficulty getting appointments to local hospitals. Moreover, social workers were reluctant to refer black women to the other homes either because the homes were too expensive or because black women were not considered redeemable.[41]

Staffs included administrative and clerical workers, who were Salvation Army officers at Booth Memorial and Sisters of Charity at St. Ann's—as well as nurses and doctors, of whom most of the latter were volunteers. Only Booth Memorial employed a professional caseworker.[42]

The report also turned up significant numbers of "second offenders," and significantly and sadly, many of these had been confined in maternity homes once, sometimes twice, and, in two cases, three times. These figures raised doubts about the homes' ability to regenerate and to reform their clientele.[43]

By the time the report was published, the Federation had already cut off funds to the Retreat, forcing it to close its doors even though the home had some endowment. (This endowment reverted to the Cleveland Foundation to be used for work with unwed mothers.)[44]

New Directions in Social Policy, 1936–60

Post-Depression political and demographic developments accelerated the trends away from institutional care and toward psychiatric casework and exacerbated the differences between the Federation and the maternity homes. First, New Deal social insurance and income support programs—at least in theory—prevented the dependence and destitution that had led in earlier times to institutionalization in the poorhouse or in the orphanage. Second, when local and federal governments assumed the responsibilities for direct relief from private agencies, (an activity requiring little expertise), the private agencies with trained casework staff turned to providing family services, thus heightening the psychiatric and psychological orientation of social work.[45]

Third, because of wartime employment opportunities, thousands of black Americans migrated to northern and western industrial areas. Along with the greater opportunities for work, education, and political participation, however, came the family disorganization and dependence that had been experienced by earlier newcomers to the American city. This changing urban population also reshaped social policy.

These new directions are illustrated by the changed goals, strategies, and clientele of the Welfare Federation through the 1950s. When the public sector shouldered many of the challenges of 1913, especially dependency, private agencies shifted their focus to psychological services, delinquency, and health, particularly mental health. By 1952, Associated Charities, renamed the Family Service Association, no longer provided relief but engaged in casework instead. The Protestant Orphan Asylum (now Beech Brook) and the Children's Aid Society had become residential facilities for emotionally disturbed children. The Convent of the Sisters of the Good Shepherd and St. John's Orphanage housed delinquent girls. Three new agencies served primarily blacks: the Urban League of Cleveland, the Phillis Wheatley Association (a residence for black women), and Karamu House, a settlement that specialized in the Afro-American arts.

During the war years, the Committee on Unmarried Parents of the Children's Council, which had taken over the responsibilities of the Conference on Illegitimacy, continued to scrutinize the policies and rates of the maternity homes. In 1941 the Federation decided to fund maternity home expenses on a per capita rather than on a per diem basis.[46] The purpose was to save money and to discourage the long confinements that had kept mother and child together. Professional opinion now favored adoption of an illegitimate child.

For example, a speaker to the National Conference on Social Work in 1943 voiced both familiar and new criticisms: "Maternity homes, on the whole have been slow to change their policies and procedures. Many have clung to a philosophy based on an earlier idea of the maternity home as a place for 'fallen women.' Girls who accept care are required to give up most of their freedom, to remain in the home for long periods, to nurse their babies, to see their friends only infrequently, and to have their personal mail opened."[47] Further, the policy of keeping mother and child together limited the mother's ability to earn a living and often encouraged an unfit woman to assume a parental role. The long confinement with her child made it difficult for a woman to choose adoption: "The whole social situation [in the homes] tends to make the mother's pregnancy and the baby's birth and development the central interest. This becomes exaggerated when the whole program of the maternity home is restrictive and colorless and carries traces of punishment. . . . Naturally, [the girls] lose touch with reality, and the baby becomes for the time of quite disproportionate importance to them."[48] The speaker urged greater and more discriminating use of caseworkers to help women choose either maternity homes or alternatives.

In 1948 a study by the Committee on Unmarried Parents revealed the acceleration of trends that had begun in Cleveland in the 1920s and that paralleled those elsewhere, typified by a rapidly rising number of illegitimate births, especially among young black women.[49] State law now required that women in maternity homes stay with their infants until the babies were placed in foster or adoptive homes, but there was a lack of such homes for black children. The potentially longer and more expensive confinements for black women further discouraged them from entering the homes and kept caseworkers from referring them. Family service and placement agencies such as the Humane Society handled increasing numbers of women on an outpatient basis, as did the county welfare department. Aid to Dependent Children payments did not cover maternity home costs. As it had in 1924, the Committee recommended no expansion of maternity homes but suggested instead an increase in casework staff for both infants and mothers.[50]

The Children's Council continued to emphasize the need for professional casework in its member agencies, as in this 1956 statement: "In order to carry out the assigned functions of its member agencies, children's institutions and agencies must have the following: Competent and trained professional personnel, including such persons as psychiatrists, psychologists, caseworkers, group workers, physical therapists."[51] In this instance—unlike that of the 1930s and early 1940s—professional and budget goals were in conflict rather than in congruence. The increased costs of this professional staff, therefore, prompted the

'ederation to turn down requests from homes to increase group workers or caseworkers.[52] In addition, the Federation put pressure on the iomes to increase collections from their paying clientele. This created urther friction between the agencies and the Federation.[53]

The Homes' Responses, 1950–60

Throughout the 1950s the need for financial support from the Federation, combined with external forces, fostered some changes in home policies and strategies. For example, the homes bowed to pressures to irge adoption of infants, abandoning reluctantly their long-standing practice of keeping mother and child together.[54]

Homes also increased their professional staffs. Booth Memorial had been the first to add a full-time caseworker, but the other homes also employed full- or part-time caseworkers or group workers. Typically, he homes' own caseworker did the admissions into the home and was available—although not necessarily in residence—for counseling. In he case of Booth Memorial, Mary B. Talbert, and Loretta House, however, the caseworkers were also members of the religious community—the Salvation Army or the Sisters of Charity. A caseworker from a secular family service or child placement agency arranged for he adoption or placement of the child and did follow-up work with he mother.[55]

Homes also shortened the required confinements, providing fewer days of care per patient than formerly but still keeping the unwed mother's stay longer than it would have been in a conventional medical facility. Florence Crittenton averaged 106 days per patient, Loretta House, 72 days, but the Talbert home kept mothers almost 4 months, probably because it took longer to place black children.[56]

Economic pressures, however, prevented some kinds of changes. For example, when the Federation turned down requests to fund professional staff, homes were forced to rely more heavily on volunteers. At both the Florence Crittenton Home and at Loretta House volunteers not only planned special occasions such as Christmas parties but also gave regular service teaching the mothers or caring for infants.[57]

Inadequate funding from the Federation and none from public agencies for their clientele also kept homes from reaching a broader clientele, limiting their services in large part to women who could pay. The homes that began as efforts to serve dependent women had by necessity developed an almost entirely middle-class clientele; unwed mothers on public assistance could receive only outpatient services.

What remained unchanged, however, was the homes' mission of moral reinstatement and spiritual reclamation. Despite its early professionalization, for example, the Salvation Army, in a 1952 handbook on its national homes and hospitals, recalled that the Army was "fun-

damentally a church" and described the importance of its religious commitment: "In the field of the Home for unwed mothers, as in all areas of Salvation Army service, the dynamic force is the desire to make religion a vital part of one's life. . . . [W]ithout such spiritual motivation, the staff worker of today could not adequately and effectively serve. Such a motivation assures that the girl is surrounded by womanhood at its finest."[58]

The "Diary for the Annals of the Sisters of Charity" recorded policies and practices at Loretta House that must have resembled closely those in use at the time of the home's founding. For example, the director of Catholic Charities, who oversaw the diocesan agencies, in 1952 expressed the need for greater publicity for the work done at Loretta House so that "more Catholic girls might be directed to our institution instead of to the non-Catholic homes,"[59] echoing the fears of the 1870s about the proselytizing of the Retreat. The women still did not use their real or full names at Loretta House and elsewhere, although this was an inconvenience for hospitals where births had to be registered and although the girls did not always like—or even abide by—this practice. Girls seldom left the home, and never did so in the last month of pregnancy.[60] Within this sheltered environment, there was much emphasis on restoring the girl to social respectability through proper dress and deportment.[61]

The most important goal, however, was spiritual salvation, encouraged by regular religious observances and by special occasions such as a Day of Recollection, at which the "girls kept silence; had four conferences and Benediction. . . . Several returned to the sacraments after an absence of some time. One girl later inquired about taking instruction, and another had decided she wanted to become a Magdalen."[62] Throughout the 1950s the Loretta House staff kept careful track of their successes, as had the maternity homes earlier, recording, for example, in 1956: "2123 Holy Communions, 149 infants baptized; 5 unmarried mothers baptized; 6 unmarried mothers made first communion."[63]

Change and Conflict, 1960–73

The reformism and activism of the 1960s fostered further changes in social policy and created greater conflict between the Federation and the maternity homes. Most important, the greater availability of public funds, particularly from the federal government, reinforced the trend toward outpatient services for unwed mothers. Aid to Families with Dependent Children (AFDC) benefits were liberalized and expanded, but payments were intended to allow the mother to keep and care for her infant, rather than to support long and expensive confinement in a maternity home while adoption or foster home care was arranged. Outpatient facilities proliferated. Services were purchased with local

or federal money for those on public assistance or for the medically indigent.

Increased awareness of the particular needs of teenage black unwed mothers, triggered in part by the civil rights movement, fostered an increasingly complex analysis of the causes of illegitimacy. This in turn necessitated a wider variety of strategies for solution. Social workers, for example, advocated that communities develop "comprehensive services" to meet the medical, legal, and educational needs of unwed mothers. Maternity homes, seldom used by black women, received little emphasis.[64]

Both the emerging women's movement and the sexual revolution challenged and broadened the traditional definition of women primarily as mothers, arguing instead for economic, legal, and sexual autonomy. A logical and necessary concomitant was the advocacy of a woman's right to control her own body through birth control and abortion (legalized by the early 1970s).

These trends are evident in the Cleveland Federation's planning. For example, members of the Children's Council debated anew the causes of illegitimacy, sometimes attributing it to environmental forces, sometimes to psychological forces, and sometimes to both, as in this analysis: "[I]llegitimacy is a symptom which results from a variety of causes, either singularly or in combinations. Among these causes are certain problems relating to basic social and environmental factors such as housing, low income, lack of education, limited social and occupational opportunities, etc. . . . Illegitimacy may also be reflective of certain cultural patterns which may reflect a mode of adaptation to one type of community or society which are not appropriate to northern urban society. Illegitimacy may be an expression of internal conflict growing out of unrewarding family experiences and unhealthy child development."[65]

In 1960 the Federation issued still another report critical of maternity homes, faulting the lack of professional staff and recommending the strengthening of social services and the offering of therapeutic group living in maternity homes as contrasted with custodial care." Noting that many mothers were on public assistance, the report cited "the obstacles to obtaining payment from public agencies for services to clients" in maternity homes as a major deterrent to their use.[66]

The report noted also that many unwed mothers were "southern mountain whites, Negroes, and Puerto Ricans [who] had little access to medical information or assistance, little education, and often little family support." Their needs were multiple, necessitating a wider and more coordinated range of services.[67]

By 1967, after an infusion of federal funds from the War on Poverty and Medicaid, the kinds of services available had expanded, particularly for poor women. Publicly funded programs included the Maternal

and Infant Care Project, funded by the U.S. Children's Bureau and intended for teenage or high-risk mothers, and the Services to Young Families Project, operated by the Cuyahoga County Welfare Department. There were five family service agencies that served unwed mothers, in addition to the social service departments of the city's several hospitals.[68]

In 1969, Booth Memorial Hospital, the Florence Crittenton Home, and DePaul Maternity and Infant Home (descendant of Loretta House) served only about 20 percent of the women whose illegitimate births were registered.[69] In view of this, the Federation again reviewed its services to unwed mothers. The resulting report confirmed the trends that had begun almost half a century earlier: a rising number and proportion of illegitimate births, of births to teenage women, and of births to black women from low-income neighborhoods. Reflecting this clientele, the report recommended that outpatient facilities be expanded and that maternity home beds be cut. The report explained their diminishing use this way: "There is less stigma in the community for the girl pregnant out of wedlock. . . . The high cost of maternity home care. . . . More girls now plan to keep their babies. . . . The wish of more girls not to be restricted by maternity home residence."[70]

Even before the report was published in 1971, the Federation had eliminated funding for the Florence Crittenton program for unwed mothers because of the "declining need for traditional maternity home services. . . . The . . . Committee will continue assessment of the desirability of financial support for present programs of the two remaining maternity homes,"[71] the report concluded.

Once again, the homes had adapted—partially—to these changed circumstances. Because of the Federation's reluctance to continue funding and because of the charge of segregation by civil rights groups, the Army closed the Mary B. Talbert Home, integrating its remaining patients into Booth Memorial Hospital and opening in its place an outpatient clinic in the black community. The DePaul Home and the Florence Crittenton Home had also begun to provide some outpatient clinic services.

Homes attempted to add to their professional staffs, but funds were not always forthcoming from the Federation, and even when they were, salaries were often not attractive to secular professionals.[72] Since Federation funds subsidized only 25–40 percent of the cost per client and only the Florence Crittenton Home had any endowment,[73] the balance had to be made up by paying patients. This shifted the direction of the services toward a middle-class clientele and away from the direction that the Federation itself seemed to be taking.

Moreover, the 1971 report contained the following recommendation, representing a significant break from Federation policies: that "all agencies providing services to unmarried parents . . . be urged to include family planning, training, information, and services."[74] T

ederation had endorsed family planning in 1966, when local and ederal public funds had become available for family planning clinics nd services, especially for the medically indigent. In 1971 the Federation so formally endorsed both "programs of effective contraception for nmarried women (including never-pregnant sexually active minors)" nd "abortion on request for those who wish it and have no religious r other moral objections" as means to "reduce illegitimacy."[75] In 1973 rth control and abortion services became the focus of a newly created ommittee to Implement Services to Unmarried Parents and Sexually ctive Teenagers, the descendant of the 1913 Conference on Illegi-macy.

Neither the Salvation Army nor the Catholic Diocese regarded birth ntrol or abortion as acceptable solutions to unwed motherhood, hough in 1972 the Army did endorse family planning. Historically edged to the ideal of the sanctity of motherhood and the spiritual clamation of their clientele, both maintained these age-old goals and ategies in the face of declining funds and dwindling use of their aternity facilities. Both DePaul Home and Booth Memorial Hospital ained their policy of long confinement for unwed mothers, DePaul eferring that the girls stay at least two months. The lengthy stay s necessary for the reformation of the clientele to be achieved through at were essentially nineteenth-century methods: education in vo-tional skills—typing, sewing, handcrafts, or child care.[76]

For both, moreover, although counseling with a caseworker was ailable, "spiritual assistance" was crucial. At Booth, this meant daily ayers and devotions, among Salvation Army officers dedicated to piritual as well as physical values."[77] At DePaul this meant daily mass d the presence of the Sisters of Charity, as it had in 1873. In June 60 the director of social work, also a nun, set forth the principles t guided her work with unwed mothers: "If the Church is going be a leader in social welfare, we must have good standards and dern methods which will command the respect of professional rkers. We have a tool that no one else has, i.e., our own religious tivation. We see Christ in all the clients."[78] As in the nineteenth ntury, social welfare and reform were identified with moral and ritual reclamation.

Cleveland's federated charities were a model for, or at least similar those in other cities.[79] Cleveland's maternity homes were affiliated h national agencies: the YWCA, the National Conference of Catholic arities, the Salvation Army, and the Florence Crittenton Association America. Therefore, this changing relationship among the homes d the federated charities was perhaps not unique to Cleveland, but s representative of general developments in social welfare.

The original charge of federated charities was to make the delivery ocial services by voluntary agencies efficient and professional. The ginal charge of maternity homes was to rescue the bodies and souls

of erring women. Historians, reflecting our secular present, have assumed that federated charities quickly achieved their goal and that maternity homes readily conceded theirs.

This case study should challenge that assumption. The vitality of the nineteenth-century religious impulse gave Cleveland homes the tenacity to stay their historic course throughout most of the twentieth century, in the face of economic, political, and social change and despite pressures from the Federation.

Postscript, 1987

This case study also illustrates that although institutions may have great staying power, they are not immortal. DePaul Maternity and Infant Home closed in 1983. Pressured by skyrocketing insurance costs, Booth Memorial Hospital in the Fall of 1987 was purchased by another hospital. However, the Salvation Army maintained its residential facility for unwed mothers. The facility's staff were lay persons, and there were no religious services in the residence. The home's program included high school equivalency classes, medical care, and help in evaluating "spiritual, moral, and ethical values."[80] Cleveland's last maternity home has remained a member of the Federation for Community Planning.

Notes

1. Cleveland Federation for Charity and Philanthropy, *The Social Year Book: The Human Problems and Resources of Cleveland* (Cleveland, 1913), p. 9.

2. Woman's Christian Association, Cleveland, *Annual Report* (1870), MS 3516, p. 15, Western Reserve Historical Society, Cleveland. (Hereafter this collection will be referred to as YWCA, Cleveland, since the collection is titled after the group's later name.)

3. On the effect of federated charities on member agencies, see Roy Lubove, *The Professional Altruist: The Emergence of Social Work as a Career, 1880–1930* (Cambridge Mass.: Harvard University Press, 1965), pp. 183–219; Judith Ann Trolander, *Settlement Houses and the Great Depression* (Detroit: Wayne State University Press, 1975), p. 12. Clara Kaiser, "Organized Social Work in Cleveland, Its History and Setting" (Ph.D. diss., Ohio State University, 1936), pp. 173–248; Samuel Miller, "Institutions for Unmarried Pregnant Girls," in *Child-Caring. Social Policy and the Institutions*, ed. Donnell M. Pappenfort et al. (Chicago: Aldine, 1973), pp. 227–28. See esp. Michael E. Sedlak "Youth Policy and Young Women, 1870–1972," *Social Service Review* 56 (September 1982): 448–64, with whose analysis I concur almost entirely except for his contention that the "urban mission" was transformed. Some support for my own position is suggested by the "Debate with Authors" between Sedlak and Dorothy M. Baker, *Social Service Review* 57 (December 1983): 668–69.

4. Barbara Berg, *The Remembered Gate: Origins of American Feminism: The Woman and the City, 1800–1860* (New York: Oxford University Press, 1978), pp. 177–93; Carroll Smith-Rosenberg, *Religion and the Rise of the American City: The New York City Mission Movement, 1812–1870* (Ithaca, N.Y., and London: Cornell University Press, 1971), pp. 98–112. On nineteenth-century maternity homes, see Joan Jacobs Brumberg " 'Ruined' Girls: Changing Community Responses to Illegitimacy in Upstate New York 1890–1920," *Journal of Social History* 18 (Winter 1984): 247–72; Steven Ruggles, "Fallen Women: The Inmates of the Magdalen Society Asylum of Philadelphia, 1836–1908,"

urnal of Social History 16 (Summer 1983): 65–82. The development of the Florence ittenton Homes is described in Katherine G. Aiken, "The National Florence Crittenton ission, 1883–1925: A Case Study in Progressive Reform" (Ph.D. diss., University of ashington, 1980), and the development of the Salvation Army homes is described in erbert A. Wisbey, Jr., *Soldiers without Swords: A History of the Salvation Army in the United ites* (New York: Macmillan, 1955), and Edward H. McKinley, *Marching to Glory: The istory of the Salvation Army in the United States* (New York: Harper & Row, 1980). On eveland homes, see Marian J. Morton, " 'Go and Sin No More': Maternity Homes in eveland, 1869–1936," *Ohio History* 93 (Fall 1984): 117–46, and "Seduced and Abanoned in an American City: Cleveland and Its Fallen Women, 1869–1936," *Journal of rban History* 11 (August 1985): 443–69.

5 Critical treatments of the institutional care of dependents include David J. Rothman, *e Discovery of Asylum. Order and Disorder in the Early Republic* (Boston: Little, Brown, 71), and *Conscience and Convenience: The Asylum and Its Alternatives in Progressive America* oston: Little, Brown, 1980); and Steven L. Schlossman, *Love and the American Delinquent: e Theory and Practice of "Progressive" Juvenile Justice, 1825–1920* (Chicago: University Chicago Press, 1977).

6. For examples of the belief in the redemptive powers of domesticity, especially for men but for men as well, see Barbara M. Brenzel, "Domestication as Reform: A dy of the Socialization of Wayward Girls, 1865–1905," *Harvard Educational Review* (May 1980): 196–213, and *Daughters of the State: A Social Portrait of the First Reform ool for Girls in North America, 1856–1905* (Cambridge, Mass., and London: MIT ess, 1983).

7. Egal Feldman, "Prostitution, the Alien Woman, and the Progressive Imagination," *erican Quarterly* 19 (Summer 1967): 194.

8. Michael J. Hynes, *History of the Diocese of Cleveland: Origin and Growth* (Cleveland d New York: World, 1950), p. 168.

9. Salvation Army Rescue Home, *Annual Report* (1893).

10 YWCA, Cleveland, *Annual Report* (1901), p. 17. The belief that motherhood was t only woman's predestined role but also gave her moral superiority was shared by men as different as Jane Addams and Emma Goldman and was utilized to good vantage by a wide variety of reformers, most notably the suffragists. See Mary P. an, *Womanhood in America from Colonial Times to the Present* (New York: Franklin Watts, 79), pp. 135–50.

11 Salvation Army, *Links of Love* (Cleveland, 104), p. 8.

12 Lubove (n. 3 above), p. 197; James Leiby, *A History of Social Welfare and Social rk in the United States* (New York: Columbia University Press, 1978), pp. 111–26. An cellent source for the history of social policy and social work is *The Encyclopedia of ial Work,* although the reader must beware of its understandable tendency to overphasize professionalization. See, e.g., Verl S. Lewis, "Charity Organization Societies," *e Encyclopedia of Social Work* (New York: National Association of Social Workers, 1965), 4–99.

13. Lubove, p 186; Robert H. Bremner, *American Philanthropy* (Chicago: University Chicago Press, 1960), p. 193.

14. Cleveland Federation (n. 1 above), p. 11.

15. Ibid., pp. 170, 93, 77, 113.

16 Federation for Community Planning (FCP), Conference on Illegitimacy, Minutes, ril 6, 1914, MS 3788, Western Reserve Historical Society, Cleveland, Container 30, lder 739. All FCP citations are to MS 3788. Container (C), Folder (F), and Microfilm el (MR) will be abbreviated hereafter.

17 Dr. Kate Waller Barrett, "The Unmarried Mother and Her Child," *Proceedings e National Conference on Charities and Corrections* (1910), pp. 96–100; FCP, Conference Illegitimacy, Minutes, March 9, 1914, C 21, F 516.

18. See, e.g., Ruth Rosen, *The Lost Sisterhood: Prostitution in America, 1900–1918* ltimore and London: Johns Hopkins University Press, 1982), pp. 21–23.

19. FCP, Conference on Illegitimacy, "The Unwed Mother and Her Child," 1916, P, C 30, F 738, pp. 5–7.

20 FCP, Conference on Illegitimacy, Minutes, May 25, 1914, C 21, F 516. On Progressives' use of the courts and the state to protect illegitimate children, see Susan

Tiffin, *In Whose Best Interest: Child Welfare Reform in the Progressive Era* (Westport, Conn.: Greenwood, 1982), chaps. 6–9.

21. FCP, Conference on Illegitimacy, "The Unwed Mother and Her Child," pp. 4, 11, 1916.

22. FCP, Conference on Illegitimacy, Minutes, Jan. 19, 1914, MR 1.

23. On the relationship between the Cleveland Federation and the Western Reserve University School of Applied Social Sciences, see Thomas Campbell, *SASS: Fifty Years of Social Work Education: A History of the School of Applied Social Sciences of Case Western Reserve University* (Cleveland: Press of Western Reserve University, 1967), pp. 13–18. The Inter-City Conference on Illegitimacy is described by Peter Romanofsky in "National Council on Illegitimacy," in *Social Service Organizations*, ed. Peter Romanofsky (Westport, Conn.: Greenwood, 1978), 11:516–18.

24. FCP, Third State Conference on Illegitimacy, Columbus, Ohio, Minutes, March 8, 1922, C 30, F 739.

25. FCP, Conference on Illegitimacy, Minutes, June 21, 1916, C 30, F 739.

26. Ibid., April 16, 1928, C 30, F 738.

27. Ibid., October 1927, C 30, F 740.

28. Ibid., April 10, 1922, C 30, F 739.

29. "What the Florence Crittenton Home Does for Girls" (Washington, D.C., 1926), in Florence Crittenton Services, Western Reserve Historical Society, MS 3910, C 2, F 10.

30. Ibid.

31 Florence Crittenton Home, Cleveland, brochure (1929), in Florence Crittenton Services, Western Reserve Historical Society, MS 3910, C 2, F 10.

32. However, David Rothman (n. 5 above), argues that the convenience of asylums and institutions often won out over the anti-institutional conscience. See also Tiffin (n. 20 above), chaps. 3 and 4.

33. The relationship between professionalization and a reliance on psychoanalytic theory is a standard theme in the history of social work. See, as examples, Lubove (n. 3 above), esp. chaps. 3 and 4; John H. Ehrenreich, *The Altruistic Imagination: A History of Social Work and Social Policy in the United States* (Ithaca, N.Y.: Cornell University Press, 1985), pp. 65–85. For a dissenting view, see Martha Heineman Field, "Social Casework Practice during the 'Psychiatric Deluge,'" *Social Service Review* 54 (December 1980): 482–507.

34. FCP, Budget Committee, Children's Council, Minutes, 1934, 1935, C 8, F 186, or Board of Trustees, Welfare Federation, Minutes, December 27, 1930, MR 2.

35 Sidney S. Abzug, "History of the Cleveland Children's Council" (master's thesis, School of Applied Social Sciences, Western Reserve University, 1938), p. 61.

36. FCP, Conference on Illegitimacy, Minutes, Jan. 23, 1932, MR 33.

37. FCP, Committee on Unmarried Mothers, Minutes, May 14, 1934, MR 33.

38. Marguerite McCollum, "Foster Home Care of the Unmarried Mother," *Family* 16 (January 1936): 276–79.

39. FCP, Joint Report of the Conference on Illegitimacy and the Committee on Unmarried Mothers (Bolt Report), November 30, 1936, p. 29, C 33, F 829.

40. FCP, Committee on Unmarried Mothers, Minutes, October 1, 1936, C 33, F 829

41. Ibid.

42. FCP, Joint Report (n. 39 above), pp. 5–6.

43. Ibid., p. 28

44. Mildred Esgar, "Women Involved in the Real World: A History of the Young Women's Christian Association of Cleveland, Ohio" (Typescript at the Western Reserve Historical Society), p. 70.

45. Gilbert Steiner, *Social Insecurity: The Politics of Welfare* (Chicago: Rand McNally, 1966), chap. 7.

46. Report to the Children's Council, March 16, 1953, in folder, "DePaul Infant Home," Archives of the Sisters of Charity, Mt. Augustine, Richfield, Ohio.

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73 Ibid. See also FCP, "Recommendations Presented to Financially Participating encies," 1963–66, C 47, F 1135.
74. FCP, Unmarried Parents Committee, p. 20.
75. FCP, "The Problem of Out-of-Wedlock Pregnancy," April 1971, C 21, F 515.
76. FCP, Unmarried Parents Committee, Minutes, September 15, 1970, C 27, F 562.

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79. Donnell M. Pappenfort, Dee Morgan Kilpatrick, and Alma M. Kuby, *A Census of Children's Residential Institutions in the United States, Puerto Rico, and Virgin Islands*, vol. 6 (Chicago: Aldine, 1970), indicates that Cleveland maternity homes were much like those elsewhere.

80. Salvation Army, Brochure, "Comprehensive Outpatient Services for the Single Pregnant Adolescent," Salvation Army, Booth Memorial Hospital, 1987. As the title indicates, Booth provided several outpatient services as well as the residential program

nfant Mortality and Social Vork: Legacy of Success

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lthough it is not widely known, social workers have had a substantial part in the npressive reduction in infant mortality achieved in the United States during this ntury This article reviews that contribution, noting a decline in interest in infant ortality in the profession beginning in the 1950s. Recent trends are noted that em to suggest a renewal in the profession's interest in this important subject.

e twentieth century has witnessed a 92 percent reduction in infant rtality in the United States. Whereas an estimated 124 of 1,000 ies born alive in 1910 died before their first birthdays, that figure s approximately 10 in 1986.[1] Some of the reasons for this striking ievement are well known and cannot be discounted, such as im- vements in sanitation and the elimination of the great epidemics, ibuted in large part to the public health profession,[2] and the de- opment of technologies for saving very small premature infants ibuted to the medical profession.[3] Less well known are equally nificant contributions by the social work profession.

ocial work interest in and action against infant mortality in the ly part of the twentieth century grew out of a more general activism behalf of the welfare of children that was perhaps most visible in fight against child labor and in the settlement house movement. e leaders in this movement, and indeed in the formation of the al work profession, were very involved in the cause, with Florence ley, Julia Lathrop, Grace and Edith Abbott, and Jane Addams

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being among the most active and widely known. The purpose of thi
article is to trace social work's contribution to one of the major healt
achievements in this century.

Method

I surveyed the *Proceedings of the National Conference of Charities an Correction* (hereafter *Proceedings*) from 1900 through 1979[4] to determin the number of presentations related to infant mortality. The *Proceeding* contained all presentations made at the national conference until th 1950s, after which only selected proceedings were included.[5] Data fo individual years were combined into decades to provide more stability 1979 was thus the last year of the last available decade of data. Th National Conference of Charities and Correction was selected becaus for many years it has been a forum for the professional concerns o social workers and has been described as "the continuing machiner that makes possible this yearly discussion of questions of public o professional interest in the field of social welfare."[6]

I surveyed the index of each volume of the *Proceedings* and read the entries under "infant mortality," "mortality," "deaths," "prenatal care," "maternal," and "mother." The article was included in the tall if the term "infant mortality" or "infant death" appeared in it.

In order to enhance the reliability of this method, I conducted two independent surveys of the literature 6 months apart. A comparison of the two data sets showed the yearly totals to be identical for 74.0 percent and within one for another 19.5 percent, suggesting that the method of categorizing the articles was a reliable one. Figure 1 shows the results of the historical analysis, which are discussed below.

The First Years of Accomplishment

The early years of the century were so rich in social reform that the period is often called the "Progressive Era." Social workers were active during this time in a number of causes that contributed directly and indirectly to reductions in infant mortality. The level of interest by the profession in the subject is demonstrated by the number of profes sional presentations at the national conference (fig. 1). Presentations during this time were concerned with a variety of subjects, including the excessive mortality in institutionalizations and among black and illegitimate infants.[7] As a means of reducing infant deaths, the presenters recommended breast-feeding to reduce gastroenteritis deaths, and universal birth and death registration to provide a means of monitoring mortality.[8]
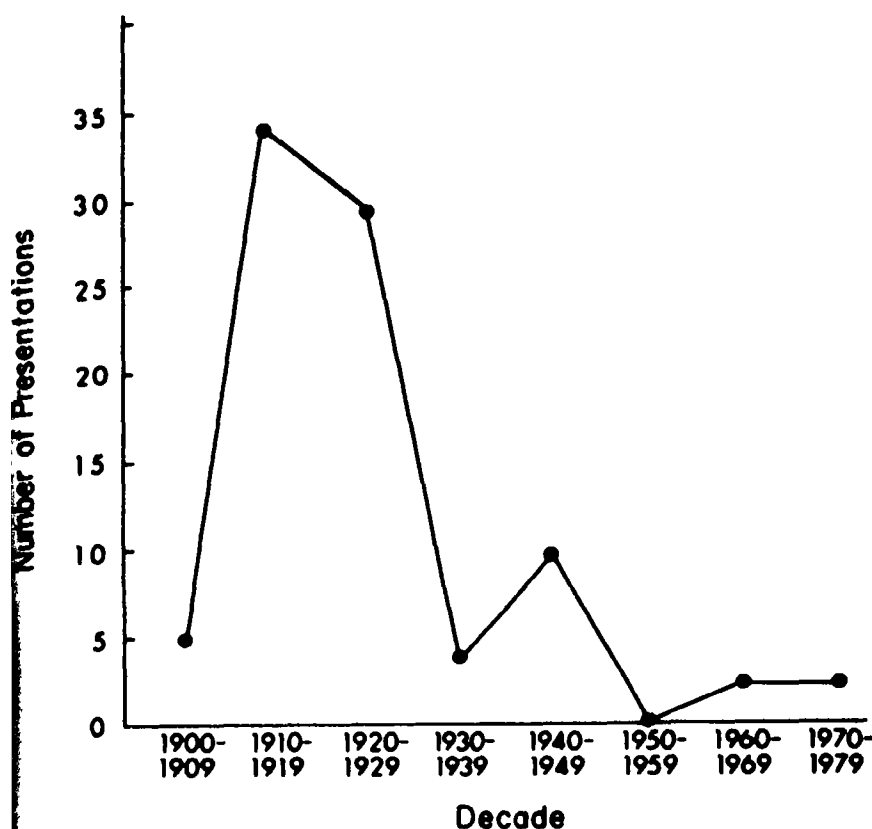
FIG. 1 —References to infant mortality at proceedings, 1900–1979

e Children's Bureau

major contribution by social work to the reduction of infant mortality ring this period was made through the Children's Bureau.[9] The 12 act creating the Children's Bureau (Public Law 116) specified at its primary function was to "investigate and report" on matters ating to children, and identified infant mortality as the new body's st priority. Social workers, both as professionals and as individuals, serve much of the credit for selection of both the function and the iority of the bureau and thus its major contribution through research. deed, the first five directors of the Children's Bureau were social rkers. Julia Lathrop, Grace Abbott, and Katharine Lenroot were first three directors. Martha May Eliot, the physician who served the bureau's fourth director, was a medical social worker before became a physician. Social worker Katherine Oettinger was the h director.[10]

Collectively, the profession officially marked its commitment to re- cing infant mortality at the 1913 national conference when the

prevention of infant mortality was listed as the first of six major tasks for the profession in child saving.[11] Lewis Meriam, assistant chief of the bureau, noted social work's collective interest: "You, who are familiar with social work, can understand with what unanimity we decided to begin with infant mortality, the first subject specified in the law, and the best single index of social conditions."[12]

Individually, prominent social workers of that time also had demonstrated their concern through direct action, resulting partially from their work with immigrants, among whom infant mortality was especially high. Hull House director Jane Addams was named a director of the American Association for the Study and Prevention of Infant Mortality at the first meeting of the organization in 1911.[13] The Abbott sisters pursued improvement of the lives of immigrants through leadership in the settlement houses and the Illinois Immigrants' Protection League.[14] Grace Abbott also published a study on the problems created by unsanitary and untrained midwives in Chicago[15] and was later to serve as the second director of the Children's Bureau.

Social worker Julia Lathrop's selection as the first director made the research directive of the bureau particularly appropriate. Lathrop came from a tradition of scientific, research-based social work. The Chicago–Hull House group, which included Lathrop, Addams, the Abbott sisters, and others, led a developing faction of the young profession that advocated practice grounded in science.[16] The empirical grounding guided the initial development of the bureau, and from it grew perhaps the greatest contribution of the Children's Bureau and social work to the reduction of infant mortality.

Infant mortality studies.—Between 1912 and 1920, the Children's Bureau carried out infant mortality studies of over 23,000 births in nine different communities that were selected for their diversity and their general representativeness of the entire country.[17] The concern of social workers for immigrants was once again evident in their selection of cities with large immigrant populations and of such study variables as immigrant status, illiteracy, and lack of fluency in English. As Lathrop noted, the studies were "concerned with the economic, social, civic, and family conditions surrounding young babies."[18]

The methodology used in these studies constituted a true innovation that paved the way for subsequent epidemiologic studies in the field. Previously studies simply had counted babies who died within a certain period of time, but the method described by Lathrop[19] involved selection of a 1-year birth cohort and following that cohort for a full year to describe the factors associated with mortality. To overcome incomplete enumeration of deaths in the official records, female interviewers conducted household surveys and questioned midwives and other sources in each city to enumerate undocumented births and deaths. Another innovation was measurement of the reliability of mothers' reports of fathers' earnings, a sophisticated measurement strategy at the time.

The findings of these cohort studies were quite startling at the time ınd guided the lobbying and policy-making actions of the Children's 3ureau over the next 10 years. Results showed that the most important 'actor in infant mortality was low income, related to immigrant status, ›oor and crowded housing, maternal ignorance, and maternal em- ›loyment.[20] Gastroenteritis (diarrhea), often caused by contamination ›f milk, accounted for about 28 percent of infant deaths and was the nost common cause of infant death at the time.[21]

Despite the scientific predilections of social workers and others in he bureau, its goal was not only to publish the results of their studies 'or the consumption of researchers, but "the subject of infant mortality vas selected for the bureau's initial inquiry because it was of fundamental ocial importance and of popular interest, and could be studied in mall units, and the conclusions given to the public as each unit was :ompleted."[22]

Results of the studies were used frequently over the next 10 years o reduce infant mortality in three distinct ways. First, findings of the tudies were released to the public immediately and translated into ›ractical advice and education, through written material and confer- ences. The bureau published a series of informational pamphlets for ›arents about a wide variety of health and parenting issues, such as ›renatal care and infant feeding.[23] Many were published in several anguages and widely distributed among immigrants. The bureau also ›roduced study outlines on various aspects of child welfare for the se of organizations in planning local educational programs.[24] Over 1 million of the four most popular pamphlets were distributed, and nly the bureau's small printing budget prevented the distribution of ore.[25]

In conjunction with the pamphlets, the bureau also scheduled a ries of conferences in eight cities across the nation to publicize the ndings and other scientific data that would benefit American children.[26] gain, the social workers' scientific approach to infant mortality was ident at the conferences: "Actuated by the faith that the scientific ethod is the most useful of the tools possessed by the modern world, e organizers of the conferences brought together men and women hose sole purpose was to apply to the service of the American child hat has been proved to be incontestably true. Nothing doctrinaire r anything unsupported by the burden of scientific data now available s admitted."[27]

The second important way that the bureau took action in response the results of the infant mortality studies was to open milk stations several cities to distribute milk to mothers who could not breast- ed.[28] The availability of pure milk had been of great concern to ny social workers,[29] because for mothers who were forced to work d could not breast-feed (most often poor women), cow's milk was only substitute for breast milk. It was difficult to keep milk pure

in the summer, especially for the poor, who lacked proper facilities.[30] The milk stations dispensed pure milk either free or at low cost.

At the same time they dispensed milk, the stations served as convenient sites where public health nurses could dispense information and advice concerning infant care and feeding. The importance of these centers can only be appreciated if it is remembered that the context was an urban population that included large numbers of first-generation, non-English-speaking, young, uneducated immigrant mothers. Living in relative isolation and often without extended families to help them with the children, many of these women probably received most of their information and advice about child raising from these centers. Education regarding proper child care had been cited repeatedly at the national conference as an important way of reducing infant mortality.[31]

The 1920s: Policy Recommendations Become Programs

The third great use of the infant mortality studies was as the basis for policy recommendations that were to become major components of the American attack on infant mortality. As many of these recommendations became policy in the 1920s, social workers at the national conference also expressed concern about excessive black infant mortality[32] and continued to advocate breast-feeding.[33]

Perhaps among the most important programs championed by the social workers in the bureau was universal birth registration, the need for which was substantiated by evidence from the cohort studies that many births and infant deaths were not reported. Largely through the lobbying efforts of the Children's Bureau[34] and following repeated calls at the national conference,[35] the national birth registration area was formed in 1915, and by 1933 all states were part of it.[36] Birth registration is now a valuable tool for monitoring the national health over time and comparing the United States' standing with that of other nations.[37]

The second program, Mothers' Aid, grew in part from findings of the cohort studies regarding excess mortality among working mothers who were forced to rely on artificial feeding, and in part from concern about child placement.[38] Investigations by those involved in the child-placement movement showed that artificial feeding of institutionalized infants was a major reason for the appalling mortality (50–100% in some institutions) among institutionalized and illegitimate infants.[39] This knowledge led social workers and other professionals who worked with mothers to advocate breast-feeding as the superior way of nourishing all babies. In addition to the national conference, the widely read social work publication *Survey* carried a number of pro-breast-feeding articles in connection with its interest in infant mortality.[40]

ıe Children's Bureau's support for Mothers' Aid, then, was as a eans of inducing poor mothers to remain at home to breast-feed eir infants.

Another policy push based on the pioneer infant mortality studies ew from findings that large numbers of women had no prenatal re, often had either no attendant or only untrained, unlicensed ıdwives at delivery, and frequently had no access to a nearby hospital problems did develop during delivery.[41] High neonatal mortality, upled with the specific causes of death among that group, suggested at lack of prenatal services was a significant factor in neonatal mortality, ıich had improved very little during the century, despite gradual ogress in the reduction of postneonatal mortality.[42]

Social workers were an essential part of the prenatal care process the time, both in terms of the provision of services and in terms of vocacy for access to such services by the poor.[43] Physician Walter own noted that "in prenatal, sick, and well baby clinics much advice /en by the doctors would be lost if social service did not adapt it to e intellect and circumstances of the mother."[44] A hospital social ırker stated, "In many instances the social worker is in a strategic ısition to turn the balance favorably by persuading the mother to ek competent prenatal advice and by assisting her in getting it if she ıot able to puchase it."[45] A representative of the New York Association r Improving the Condition of the Poor further described social ırkers' tasks as seeing women at their prenatal consultations, urging e mothers to continue their visits and to breast-feed, providing in- rmation about public assistance and budgeting, and assisting with ıns for temporary care of other children during confinement.[46]

Dr. J. H. Mason Knox, a well-known pediatrician, emphasized social ırkers' advocacy role in 1910: "May I suggest that all social workers niliarize themselves with the fact of the large and unnecessary death e in infants, that they make some phase of this problem a part of eir programs in their annual conferences, and that when interest in eir community has commenced to be aroused that it be further ended by illustrated lectures and by the formation of study classes."[47]

The Children's Bureau had studied and publicized systems of maternal vices in other nations and reported on the vigorous European efforts lower infant mortality in the face of the terrible destruction and ling birthrate associated with World War I.[48] Irene Andrews of the ıildren's Bureau deplored the lack of protection of maternity in the ıited States,[49] while "practically all of the civilized countries, and ne which we have not considered entirely civilized, have enacted , legislation."[50]

Lathrop first suggested an American system of medical services for thers and children in 1917. Efforts to effect a federal commitment provision of maternity services began in 1918 with the introduction

of a Maternity and Infancy Act, also known as the Sheppard-Town Act. Provisions of the bill were quite limited; Grace Abbott describ the overall goals as similar to the themes social workers had be discussing for some time—education of women about good prenat care and provision of resources for such care, especially in rural are where resources were scarce.[51]

Despite heated controversy and publicity claiming that the Sheppar Towner Act would destroy the American family,[52] it took effect 1921, administered by Grace Abbott in the Children's Bureau. Wi a small appropriation of just over $1 million, the Act called for federal partnership with individual states originating the plans of wo and the Children's Bureau approving those plans.

It is difficult to estimate how many mothers and infants benefit from Sheppard-Towner before it was allowed to lapse in 1928. 1931, Grace Abbott reported that the Act was responsible for t establishment of state child-hygiene bureaus in 28 states; the openir of 1,594 permanent local child health, prenatal, or combined prenat and child health clinics; and the further spread of effective birth ar death registration.[53] Over the lifetime of Sheppard-Towner, its pr visions were responsible for 183,252 health conferences (now calle "well-baby visits"), 3,131,966 home visits, and 22,020,489 pieces literature distributed. In its last 4 years alone, 4 million babies an 700,000 expectant mothers were served.[54] The *Social Service Revie* directly credited declines in infant and maternal mortality to the She pard-Towner Act.[55] One major accomplishment of the Act was th it established the precedent of a federal role in the provision of matern and child health services.[56] The lapse of Sheppard-Towner was decrie at the national conference in 1927, the presenter noting that man states would be forced to discontinue maternal and child health (MCH services due to the loss of this vital funding.[57]

The end of this period thus saw great improvements, as infan mortality stood at 64.6 per 1,000 live births in 1930.[58] The stock marke crash of 1929 and the ensuing Great Depression, however, cut of many of the resources available for continued progress for America infants and greatly increased the acute need for such services.[59]

The Depression Years

The greatest threat faced by American infants, and indeed the pop- ulation at large, during the Great Depression grew from unemployment It was probably the crisis of unemployment and social work's concern and interest with this great overarching problem that led to an apparent decline of social work interest in infant mortality per se in the 1930s (see fig. 1).[60]

Faced with severe decreases in funds, states initiated budget cuts in welfare and health services for children, and many discontinued their

cently inaugurated Mother's Aid program. Grace Abbott stated that ere was "a reckless disregard of obligations which had been assumed many states."[61] The *New York Times* reported increases in rickets ıd malnutrition, indicating that over one-seventh of all children were stitute due to their fathers' unemployment.[62] For reasons that are fficult to explain, infant mortality nonetheless continued to decline er this period, from 67.6 in 1929 to 57.1 in 1936,[63] despite fear pressed at the national conference that the rate was rising due to verty.[64]

Passage of the Social Security Act in 1935 marked a solid federal mmitment to mothers and infants. Title V continued the work for others and children that had begun with the Sheppard-Towner Act providing funding to the states for maternity and other services, creased appropriations for the Children's Bureau's infant mortal-–related research, and training of health professionals.[65] Social orkers such as Katharine Lenroot testified before the President's ommittee for Economic Security and the U.S. Senate Committee.[66] her testimony before the Senate Committee on behalf of Title V, race Abbott emphasized the connection between higher rural infant ortality and the lack of health care and educational services in rural eas.[67]

Unfortunately, however, the Social Security Act solidified many of e problems with mothers' pensions (called Aid to Dependent Children, ADC, under Title IV of the Social Security Act) to which social orkers had been actively opposed. The Committee on Economic curity, under the leadership of social worker Frances Perkins and lvised by social workers, including Grace Abbott and *Survey* editor ul Kellogg, had recommended to the president that the ADC program a social service program administered by the Children's Bureau. r reasons that are not clear,[68] however, the Social Security Act officially signated ADC as a "relief" program under the Federal Emergency lief Administration, administered by Harry Hopkins.[69]

In addition, under the original concept and in the original Wagner-wis Act, aid levels were dependent on budgetary needs only, with standard or prescribed ceilings. The 1935 act placed ceilings on leral contributions to the plan, allowing great variation in states' ntributions and guaranteeing what Grace Abbott called "starvation urity to children."[70] Despite problems, the creation of ADC/AFDC ast made assistance available to mothers and children throughout nation, rather than leaving it to state discretion, and established precedent of public responsibility for needy children.

orld War II

onset of World War II and the mobilization of millions of servicemen ted public emphasis from the Depression and posed new problems

for military families. As the armed forces expanded following tl passage of the Selective Service and Training Act in 1940, thousan of servicemen moved to military bases throughout the country ar their wives followed them, living around bases and in towns that quick became congested and overwhelmed by large numbers of new residen Inevitably there was tremendous growth in those areas in the nee for obstetrical, hospital, and pediatric care services, which were ofte simply not available.[71] Social work's concern about the need for MC services is evident from the national conference presentations.[72]

The first federal response to the crisis came with the emergency u by states of federal maternal and child health funds, with the permissio of the Children's Bureau, and later with Congressional appropriatio to the Children's Bureau. At the urging of Katharine Lenroot, Congre passed legislation creating and funding the Emergency Maternal an Infant Care (EMIC) program in 1943. The program provided fre prenatal, hospital delivery, postnatal, pediatric, and other related servic to wives and infants of noncommissioned servicemen, who made u three-fourths of the armed services. Social work services were mandate as an integral part of the program.[73] By the time the program wa discontinued in 1945, EMIC had served 1.25 million mothers an 230,000 infants.[74]

In addition to interest in provision of services through EMIC, soci work interest in infant mortality extended to concern about the effe of the war on infant mortality worldwide.[75] The American Associatio of Medical Social Workers (AAMSW) reported in 1943 that infa mortality in the occupied countries of Europe had increased betwee 20 and 60 percent of prewar levels, that prematurity and miscarriage had doubled, and that starvation was among the leading causes o death.[76] Across the Atlantic, British social workers concerned themselve with rising wartime rates of illegitimate births and elevated mortalit rates among these illegitimate babies.[77] Health visitors and the maternit allowance, a subsidy which allowed mothers to remain at home wit their newborns rather than seek employment, were prescribed for thi problem. In fact, the English infant and maternal mortality rates im proved substantially during the war;[78] infant mortality rates in the United States also dropped from 45.3 per thousand in 1941 to 31.3 per thousand in 1949.[79]

Social Work Disinterest in the 1950s

Figure 1 demonstrates the almost total lack of interest in infant mortality during the 1950s, as evidenced by the dearth of presentations at the national conference. Volumes of the *Social Work Yearbook* during the decade also document the lack of interest at the time. The 1951 and 1954 volumes contain topical articles on maternal and child health

[CH), which were authored by a physician.[80] Both note contributions the improving health of mothers and children by a long list of ntributing professions but do not include social work among them. ie 1957 volume omitted the MCH article altogether, substituting ief references to the Children's Bureau in other sections, and in ine of these volumes is the decisive leadership of social work in the eation of the Children's Bureau or in other areas emphasized.

The apparent lack of interest in MCH issues by the social work ofession during the 1950s may be due to a number of factors. The st is an essential change in the focus of the social work profession elf, which had begun in the 1930s. Increased specialization and eoccupation with psychotherapy and individual casework by the ofession reached a peak during the 1950s and probably influenced cial workers to abandon social causes.[81]

But in addition to professional trends, the political climate of the 50s was not supportive of social change. Political scientist Henry iron notes that "if poverty was not a problem in the eyes of the iblic, it was equally ignored by scholars."[82] Social workers and social irk scholars are, after all, a part of and influenced by the larger ciety. Apparently the mood of plenty and optimism during this riod of economic growth[83] did not predispose the social work profes-n to abandon its interest in direct casework to fight a cause that did t appear to be acute, despite the fact that infant mortality remained problem during the 1950s.

In fact, after many years of steady decline, infant mortality leveled during the 1950s, and both the gap between rich and poor and variation in infant mortality rates among states actually increased.[84] hite infant mortality rates in 1950, 1955, and 1960 stood at 26.8, .6, and 22.9 per thousand, respectively, while the nonwhite rates the same years were 44.5, 42.8, and 43.2 per thousand.[85] Thus, es of decrease during the decade were 14.6 percent for white infants d only 2.9 percent for nonwhite infants, and in 1960 black infants nained nearly twice as likely to die before reaching 1 year of age.

Amendments to Title V of the Social Security Act in the 1960s ated Children and Youth (C & Y) programs, which provided health e and auxiliary services to low-income children, and Maternity and fancy Care (MIC) programs, which established comprehensive ma-nity and pediatric clinics in areas with large numbers of low-income ilies Funding was also allocated for intensive newborn care, especially low-income families. In 1969, the responsibility for administration Title V was moved from the Children's Bureau to a special office the Department of Health, Education, and Welfare.

A slight increase in interest in infant mortality appeared in the 1960s fig. 1), but social work interest apparently did not rise as substantially one might expect given involvement in the War on Poverty.[86] The

small number of presentations at the national conference concerned health-related legislation, poverty and its relationship to the nation's unfavorable world standing in infant mortality, and calls for improvement in the health of mothers and infants.[87]

The profession's interest in prenatal care and low birth weight in the 1960s related largely to the prevention of mental retardation, a public objective championed by President Kennedy.[88] The *NASW News*, newsletter of the National Association of Social Workers, reported on amendments to Title V that provided funds for prenatal care and other medical services "designed to help reduce the incidence of mental retardation."[89] Title V's original, more general goal of better infant health and reduced mortality was not discussed.

In 1966, Adelphi University sponsored a conference which, history notwithstanding, claimed to be "the first systematic effort by social work to examine the problem of infant mortality and morbidity from the point of view of contributing social factors, and the first of its kind to follow the forward-looking Maternal and Child Health and Mental Retardation Planning Amendments of 1963."[90]

At that Adelphi conference, Virginia Insley, a prominent social worker and federal MCH official, discussed the provisions of Title V, explaining that the MIC projects included medical, public health nursing, nutrition, and social work services. She stressed direct service by social workers in recruiting mothers into prenatal care and in coordinating with other agencies to ensure that pregnant women also had adquate shelter and food in addition to medical care.[91] The important role of social workers in forming national policy also was emphasized.[92]

Given the history of the social work profession's advocacy for infant survival and the apparent lesser interest from other quarters in the issue of infant mortality,[93] it is curious that the national conference does not reflect more social work involvement in the issue in the 1960s and 1970s. It is possible that the number of presentations related to infant mortality is not as good an indicator of social work interest in the topic as it was earlier due to the inclusion after that period of only selected presentations.[94] Disinterest at the national conference also may lie in the perception of infant mortality as a medical problem, a perception that has become widespread and has been reinforced by the advent of neonatal intensive care technology, which has been associated with an impressive decline in mortality among low birth weight and premature infants in the last 2 decades.[95] Thus more and more sophisticated medicine and technology may be the preferred method of reducing mortality, while social factors are given lower priority.

It cannot be determined yet whether social work interest and leadership in infant mortality will grow substantially in the 1980s, but since the 1970s there have been new roles for social workers to play in the

ht against the unnecessary deaths of infants. The 1974 and 1977 itions of the *Encyclopedia of Social Work* (descendant of the *Social rk Yearbook*) detail the role of social workers in MCH. The history social work in MCH programs is briefly described, and social work ks and expertise in the area are discussed.[96] The 1987 *Encyclopedia* ntains no article specifically on maternal and child health or infant ortality, but makes several references to these issues in other articles.[97] Literature from various sources during the 1980s documents growing cial work involvement in the fight against infant mortality,[98] perhaps part due to the increasing sophistication of medical technology. ne indicator of greater interest is the creation of the National As- ciation of Perinatal Social Workers in 1974 and the group's growth membership and influence since that time.[99] The future should see eater social work involvement in MCH, for technology seems to ve reached the limits of its ability to save the smallest infants. It has come clear that the most efficient and humane goal is not simply attempt to save extremely premature infants, many of whom survive h severe handicaps, but rather the reduction of high rates of low th weight and prematurity, which are correlated with poverty and many effects.[100] Clearly such factors as inadequate income, lack of cess to needed medical care and other services, teen-aged and unwed egnancy, and other social factors closely related to infant mortality within the domain of the social work profession.

In addition, three serious social problems that have developed only cently are of concern to social workers and are seriously affecting ant health and may dictate greater leadership by social work in the ant mortality fight. They are the acquired immune deficiency syn- ome (AIDS) epidemic, which is growing among infants who contract disease in utero;[101] fetal alcohol syndrome, which is associated h maternal alcohol consumption during pregnancy;[102] and the owing number of infants born addicted to drugs.[103] There is no son at the current time to believe that these social problems will te in the next few years or that their deleterious effects on infant lth will be reduced.

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ial work's early contribution to the reduction in infant mortality ainly came about largely through the profession's leadership in U.S. Children's Bureau. Over the years the Children's Bureau has tributed many important research studies, over 100 during Grace ott's tenure as director alone.[104] Studies were done on maternal tality, neonatal mortality, and civic efforts to improve infant and ernal health.[105] Beginning in 1960 the Children's Bureau was horized to fund outside agencies to conduct research in the areas

of child welfare, maternal and child health, and crippled children's services.[106]

Likewise, the great programs that have been influential in improving the health and survival of infants have come about in part due to the leadership of social workers. The Sheppard-Towner Act set a precedent of federal services to mothers and children that continues in the form of valuable Title V programs that provide medical care and auxiliary services to millions of poor mothers and children today. While the Aid to Families with Dependent Children program remains an expensive and unpopular program, it has provided subsistence to millions of mothers and children who might have faced total destitution, more serious health problems, and increased risk of mortality.

While the tremendous drop in infant mortality during this century certainly cannot be attributed solely to the work of the Children's Bureau or to social work, the research findings and public attention to the issue due to the bureau and the dedication of social workers undoubtedly played a major part in the successful commitment of this nation to the reduction of infant mortality. Grace Abbott noted great progress in 1931 and modestly declared: "The Children's Bureau does not claim credit for these changes. It can, however, be said that its investigations furnished the facts on which action was frequently based, and through the cooperation of experts in child welfare, public and private child-caring agencies, and women's organizations, the bureau has been able to focus national attention on some of the most important aspects of child care."[107]

The great success of the social work profession in the endeavors described here emerged from high-quality research that established the boundaries of the problem, its causes, and possible solutions; public information that took the case to the public and to those with power and authority; and integration of service with these functions. Chambers described Grace Abbott as "empirical of mind, compassionate of spirit, candid in manner, direct in action,"[108] and these characteristics certainly served her and her colleagues well in their pursuit of better health for American mothers and babies.

Now, despite meaningful and effective action by some groups, such as the Children's Defense Fund, it appears that the social work profession might be content to leave the question of infant mortality to public health and medicine, two professions that have made major contributions in the past. There is evidence, however, that these two professions may have reached the zenith of their contributions. Until the tragic spread of AIDS, the great epidemics had all but disappeared in this country, and public health measures have cleaned up the water and milk so that infant deaths due to infectious disease in this country are now quite rare. Neonatal medicine has accomplished a great deal, especially in the last 20 years, to save smaller and smaller infants

not uncommon now for sophisticated NICU centers to save infants rn after as little as 26 weeks of gestation and weighing as little as 1 und. Most experts agree, however, that technology probably can little more to save smaller and less developed infants, and that ture efforts should go toward preventing premature birth in the st place.[109]

Social work leadership in such efforts would be entirely appropriate, the causes of infant death in the 1980s are directly in the domain the profession. Black infants are twice as likely to die as whites;[110] cism, unequal opportunity, and the suffering of disadvantaged chil-en have always been of concern to the social work profession. Poverty a major professional arena, and poverty plays a significant role in e deaths of infants.[111] Recent reductions in health services and social ograms, followed by evidence that infant mortality may be beginning creep back up instead of down in some areas,[112] cannot be ignored the profession that has done so much in this area before. All this curs when child welfare has moved down in the list of priorities for nding in the federal budget.[113]

Effective action by social workers will demand that social workers rn from Julia Lathrop and her distinguished colleagues. The weapons the fight must be theirs: high-quality research to demonstrate the ent and correlates of the problem, social reform to see that policies d programs are in place, and competent direct practice that is based scientific data. As Chambers stated, "tested pragmatically, social-lfare-as-social-reform worked."[114] Some social work scholars would ntend that with the end of the Progessive Era came the end of social rk leadership in social reform,[115] but with the time-tested strategies these great leaders, social work once again can achieve greater lth for mothers and children.

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gratefully acknowledge the extensive comments on earlier drafts of this paper by Stuart and Grady Hines, and the invaluable assistance of Jean Bettencourt in the ion of sources.

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See C.-E. A Winslow, *The Evolution and Significance of the Modern Public Health aign*. (1923, reprint, New Haven, Conn.: Yale University Press, 1984). Marie McCormick, "The Contribution of Low Birth Weight to Infant Mortality Childhood Morbidity," *New England Journal of Medicine* 312 (January 10, 1985): 90

The name of this organization has changed several times. From 1874 to 1881, the group was part of the American Social Science Association, it was called the erence of Charities. From 1882 to 1883, it was called the National Conference of ities and Corrections, and from 1884 to 1917 the National Conference of Charities Correction. In 1917 the name was changed to the National Association of Social

Work, and again in 1956 to the National Conference on Social Welfare.

5. Frank J. Bruno, *Trends in Social Work 1874–1956: A History Based on the Proceedings of the National Conference of Social Work* (New York: Columbia University Press, 1957).

6 Ibid., p. 367.

7. For example, see the following articles from *Proceedings*· Jacob H. Hollander, "Reports from States—Maryland," 30 (1903): 57–60; Beverly Warner, "The Negro's Outlook for Health," 35 (1908): 123–34; J. H. Mason Knox, "The Claim of the Baby," 37 (1910): 116–23; Kate W. Barrett, "The Unmarried Mother and Her Child," 37 (1910): 96–100; George W. Goler, "Medical School Inspection—a Way to Child Welfare," 38 (1911): 98–103; Philip Van Ingen, "Infant Mortality in Institutions," 42 (1915): 126–31; Grace L. Meigs, "Infant Welfare Work in War Time," 44 (1917): 192–206; C. C. Jones, "A Tentative Outline for a Study on Illegitimacy," 45 (1918): 91–94.

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9. A fascinating, detailed account of the role of social work in the founding of the Children's Bureau and in the bureau's work can be found in Jacqueline K. Parker and Edward M. Carpenter, "Julia Lathrop and the Children's Bureau: The Emergence of an Institution," *Social Service Review* 55 (1981). 60–77.

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11 Cross.

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13. *Transactions of the First Annual Meeting of the Association for the Study and Prevention of Infant Mortality, November 9–11, 1911* (reprint, New York· Arno Press, Children and Youth Series, 1974).

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18. Lathrop, "Income and Infant Mortality," p. 270.

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20. Anna Rochester, "Infant Mortality as an Economic Problem," *Proceedings* 46 (1919): 197–202.

21. Edward T. Devine, "The Waste of Infant Life," *Survey* 23 (1909): 314–20.

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26 See two Children's Bureau publications: *Standards of Child Welfare. A Report of the*

Children's Bureau Conferences May and June, 1919, Conference Series no. 1, Bureau Publication no. 60 (1919), and *Child-Welfare Programs: Study Outlines for the Use of Clubs and Classes* (n. 24 above).

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49 Irene O. Andrews, "State Legislation for Maternity Protection," *American Labor Legislation Review* 11 (1921). 80–84.

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53. Grace Abbott, "The Children's Bureau" (n. 22 above).

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55. "Editorial," *Social Service Review* 2 (1928): 654–55.

56. Martha M. Eliot, "The Children's Bureau: Fifty Years of Public Responsibility for Action in Behalf of Children," *American Journal of Public Health* 52 (1962): 576–91.

57. Taylor (n 33 above).

58. Grace Abbott, *From Relief to Social Security* (Chicago: University of Chicago Press, 1941).

59. Russell H. Kurtz, "Social Case Work in a National Program of Social Security," *The Family* 16 (1935): 163–69.

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61. G. Abbott, *From Relief to Security,* pp. 24–25.

62. "Grace Abbott Finds in Undernourishment, Delinquency, and Loss of Homes a Menace to Be Met by Greater Relief Efforts," *New York Times* (December 18, 1932), sec. 9, p. 5; reprinted in G. Abbott, *From Relief to Social Security* as "Children and the Depression."

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64. Aubrey Williams, "Organization for Social and Economic Security in the United States," *Proceedings* 62 (1935) 457–65.

65. Edith Abbott, "Grace Abbott: A Sister's Memories," *Social Service Review* 13 (1939): 351–407.

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68. It may have been due in part to the influence of one-time social worker Harry Hopkins, who favored administration by the powerful Social Security Board and was politically influential in the Roosevelt Administration (see Hanlan [n. 34 above]).

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74. William Schmidt and Helen M. Wallace, "The Development of Health Services for Mothers and Children in the United States," in *Maternal and Child Health Practices Problems, Resources, and Methods of Delivery*, ed. Helen Wallace et al , 2d ed. (New York: Wiley, 1982)

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81. See Leiby (n 16 above), chap. 14, and Clarke Chambers, "Social Service and Social Reform: A Historical Essay," *Social Service Review* 37 (1963): 76–90, for a discussion of the directions of the profession and concentrations on direct casework at this time.

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83. Leiby (n. 16 above).

84 Eliot (n. 56 above).

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87 Wilbur J. Cohen, "Medical Care Legislations," *Proceedings* 88 (1961): 114–27; Ellen Winston, "The Contribution of Welfare to Economic Growth," *Proceedings* 93 (1966): 3–24.

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90. Beulah Rothman, in *Mothers-at-Risk: The Role of Social Work in Prevention of Morbidity in Infants of Socially Disadvantaged Mothers*, ed. Florence Haselkorn; based on an institute sponsored by Adelphi University School of Social Work (1966), p. 5.

91. Virginia Insley, "Some Implications of Recent Legislation for Social Work," in

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93. The *NASW News* of August 1962 (vol. 7, p. 31) recommended "further development of health services for mothers and children," including both prevention and treatment.

94. Bruno (n. 5 above).

95. McCormick (n. 3 above).

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102. For example, see Janet M. Wright, "Fetal Alcohol Syndrome: The Social Work Connection," *Health and Social Work* 6 (1981): 5–10.

103 Rita Melvin, "Infant Abuse and Neglect—an Overview," *NAPSW Forum* 6 (1986): 1, 3–6, Mary S. Lawson and Geraldine S. Wilson, "Addiction and Pregnancy: Two Lives in Crisis," *Social Work in Health Care* 4 (1979): 445–57.

104. Edith Abbott (n. 65 above).

105 Grace Meigs, *Maternal Mortality from All Conditions Connected with Childbirth in the United States and Certain Other Countries*, U.S. Department of Labor, Children's Bureau, Miscellaneous Series no. 6, Bureau Publication no. 19 (1917); Richard A. Bolt, "A National Program for Maternity Aid," *American Labor Legislation Review* 11 (1929): 61–65; Children's Bureau, *Baby-saving Campaigns*, U.S. Department of Labor, Children's Bureau, Infant Mortality Series 1, Bureau Publication no. 3 (1913).

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109. Institute of Medicine.

110 Since the gap in mortality between black and white infants was noted for the first time using relatively complete birth and death registration data in 1918, that gap has actually widened. See Louise Doss-Martin and Kristine Siefert, "A Study of Factors Associated with Black Infant Mortality," in *Families at Risk: A Public Health Social Work Perspective*, ed. Gerald C. St. Denis and Christine L. Young (based on a workshop sponsored by the School of Social Work, University of Pittsburgh, March 24–27, 1985), pp. 84–99; John E. Schwarz, *America's Hidden Success: A Reassessment of Twenty Years of Public Policy* (New York: Norton, 1983); Wegman (n. 1 above).

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Substance Abuse and Public Policy

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This article assesses the American effort to control and eradicate substance abuse and drug trafficking. Five drug control strategies—foreign crop eradication, border interdiction, deterrence, treatment, and prevention—are evaluated. In each area, the basic programs and their effectiveness are described. The authors conclude that U.S. policy is misdirected, dominated by long-standing and insupportable beliefs about the effectiveness of supply-side interventions such as eradication and interdiction.

High school students, college students, and young adults in the United States today use illicit drugs to a greater extent than young people in any other industrialized nation in the world.[1] In 1985, the overall decline in illicit drug use that had been observed since 1982 halted. For most types of substances, rates of use remained virtually the same as in 1984, but, alarmingly, for cocaine, PCP, and opiates other than heroin increases were observed.[2]

American youth and young adults have become deeply involved with mood-altering substances.[3] By their mid-20s, 75–80 percent of all young adults have tried an illicit drug. By age 27, 40 percent have tried cocaine. One of every 20 American high school seniors and young adults (age 19–27) smokes marijuana daily. Among high school seniors, 37 percent have had five or more drinks in one sitting within the last 2 weeks. Among college students, the rate is even higher; 45 percent have had five or more drinks in one sitting within the last 2 weeks.[4]

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While abuse of legal substances like alcohol is a serious domestic problem, the use of illicit substances by Americans has created a drug trafficking enterprise that is the most serious international crime problem of this decade.[5] The sale of illicit drugs accounts for almost 38 percent of all organized criminal activity in the United States[6] and, according to various estimates, generates between $27 and $110 billion dollars in support of organized crime.[7] Some estimates are even higher. Classified documents from the National Security Agency and the Central Intelligence Agency (CIA) reportedly indicate that the international narcotics industry's annual revenues exceed $500 billion.[8]

At the individual level, drugs ruin lives. In a study of 598 eighth-, ninth-, tenth-, and eleventh-grade students at two Philadelphia high schools, investigators from the Polydrug Research Center found that 33 percent of the students who dropped out of school before graduation had abstained from regular (at least weekly) drug use. In contrast, of the students who graduated, 65 percent had abstained.[9] This study is one of the first to show a direct relation between drug use and dropping out of high school. Although drug use probably emerges along with other delinquent behaviors that characterize an entire negative worldview among students who are not doing well in school, it clearly interferes with academic progress[10] and contributes to the nation's dropout problem.[11]

The sequelae of dropping out are costly in terms of wasted potential, unemployment, and crime. On the street, dropping out and drug use lead many young adults to predatory life-styles. In 1984, of the 6,406 males arrested for a serious crime in New York City's Manhattan area, 42 percent tested postively for cocaine.[12] Directly or indirectly, drug abuse makes victims of Americans from all racial, ethnic, and economic backgrounds.

The purpose of this article is to assess what we as a nation are doing about substance abuse.[13] The strategies of federal and state agencies will be reviewed in light of recent studies of the effectiveness of competing programs to reduce drug use and drug trafficking. This task is not an easy one. More than 32 federal agencies—including the National Drug Enforcement Policy Board, the White House Drug Abuse Policy Office, the Bureau of International Narcotics Matters, all executive departments, the FBI, the CIA, and numerous other entities—are involved in the attempt to control and eradicate drug abuse and drug trafficking. But there are common threads in the policies that undergird the nation's "crusade" against drugs,[14] and these will be described and assessed in this article.

Supply versus Demand Strategies

In a quasi-economic sense, all drug control strategies can be broken down into efforts to eliminate the demand for drugs and efforts to

reduce the supply of drugs. Demand-side strategies include deterrence, treatment, and prevention. Programs that are designed to affect the demand for drugs attempt to change the values, beliefs, skills, and, ultimately, the behaviors of potential users. In contrast, supply-side strategies attempt to stop the flow of drugs to users and prospective users. These strategies include crop eradication, interdiction, and domestic enforcement.

In this article, the supply-side strategies of eradication and interdiction will be reviewed, along with the demand-side strategies of deterrence, treatment, and prevention. Because domestic enforcement often includes interdiction, law enforcement efforts will be assessed in the context of interdiction. To reduce drug abuse and trafficking, both supply-side and demand-side strategies are important, and it is the balance between these two competing approaches that must be carefully examined.

Eradication: Eliminating Drugs at Their Sources

Eradication strategies involve the elimination of drug crops by uprooting or the use of herbicides to kill growing plants. In a clarification of the nation's policies toward source-country eradication, the White House declared in 1984: "Fundamental to the overall supply reduction effort is eliminating illegal drugs as close to their source as possible. The major gains will be realized in the longer term reduction in the availability of drugs."[15]

In the Department of State, the Bureau of International Narcotics Matters (BINM) has borne the major responsibility for the implementation of eradication strategies and has established bilateral assistance programs with many Third World nations to prevent the cultivation, harvesting, and transportation of drug crops. The BINM's efforts have focused on the provision of equipment, training, and technical assistance to countries that are willing to engage in crop control activities.

Effectiveness.—In the words of the President's Commission on Organized Crime, source-country eradication has "at best enjoyed limited success."[16] Drug production is fairly widespread, and source-country eradication presumes that cooperating countries will be able to sustain effective surveillance and interdiction programs. This is simply not the case in many countries.

Some countries are reluctant participants and half-heartedly administer programs because illicit drug money is essential to local political and economic stability. In other countries, indigenous peoples use mild forms of illicit drugs, and law enforcement officers are unwilling to detain people for culturally accepted practices. In the Golden Triangle (Thailand, Burma, and Laos), for example, the opium crop produces far more income than can any alternative crop, and the Thai and Burmese governments control the region only for the few minutes

during which federal army patrols troop through hill-side villages. In fact, the Burmese Communist Party (BCP) and the Shan United Army (SUA), insurgent political groups that today devote most of their energies to drug profiteering, control large sections of the Golden Triangle area. Across northern Burma and northwestern Thailand, they purchase opium from farmers, transport it in well-armed donkey caravans to jungle refineries, process it into crude heroin and heroin base, and ship it down to Bangkok where it is purchased by Chinese and other international distributors. Although recent Thai enforcement efforts have closed down many of the larger Chinese dealers and have altered the main pipeline of poppy products from Changmai to Bangkok, Thailand continues to be a major drug transit center and represents the difficulty of source-country eradication.

Two other factors affect eradication programs. First, even if a bilateral agreement can be consummated with a source country, efforts are likely to focus on reducing domestic consumption rather than international trafficking. Second, source-country eradication is always one step behind crop production efforts. Many opium producers are quite mobile and well-financed. When opium production in northern Mexico was significantly reduced by a successful eradication program sponsored by the BINM in the 1970s, heroin imports from the Golden Triangle and the Golden Crescent (Afghanistan, Pakistan, and Iran) increased to fill the gap. By 1980 heroin availability was equivalent to availability before the Mexican eradication effort.[17] In short, there are many places in the world that are suitable for drug crop agriculture, and the countries that serve as hosts for the drug production industry are constantly changing.

Interdiction: Stopping the Flow of Illicit Drugs to Potential Users

Interdiction of cocaine, marijuana, and heroin consumes the lion's share of federal drug abuse funds and can be broken down into three separate programs: air interdiction, maritime interdiction, and domestic law enforcement. The basic strategy of interdiction is to limit the availability of illicit drugs by increasing the risks of drug trafficking to dealers and reducing the flow of drugs into the country, thus forcing the street price of drugs up beyond the reach of consumers. This is done by intercepting drug shipments as they move through distribution channels, confiscating dealers' assets, and concentrating internationally coordinated investigations on entire distribution networks.

A number of agencies bear responsibility for interdiction, and coordination among agencies is a major problem. The U.S. Customs Service bears both tactical and strategic responsibility for air inter-

diction, and it works closely with the Federal Aviation Administration, the agency that has major jurisdiction over U.S. air space. Although the Customs Service operates many onshore interdiction programs, the U.S. Coast Guard is in charge of maritime operations. Over the past 5 years, the role of Defense Department agencies has expanded, but army, navy, and air force domestic operations are limited by the Posse Comitatus Act, which prohibits the direct participation of military personnel in arrest and confiscation activities.[18] In terms of domestic law enforcement, state and local governments have responsibility for local enforcement, and federal coordinating agencies, like the Organized Crime Drug Enforcement Task Force (OCDETF), target higher-level organized drug trafficking. The latter seek to coordinate the efforts of the FBI, the Drug Enforcement Agency (DEA), local U.S. attorneys, and other agencies that may be involved in specific interstate investigations.

Effectiveness.—As in the case of crop eradication, there are no rigorous studies of the effectiveness of interdiction. We must rely on reports of experts in the field and secondary measures of effect, such as changes in the street price of drugs and the risks of arrest and incarceration as perceived by both dealers and users. In testimony for the President's Commission on Organized Crime, Frank Monastero, former assistant administrator for operations of the Drug Enforcement Administration, summed up the view of many when he said: "[Interdiction] is important, but it is the least effective thing you can do. . . . it's like the patrolman on the beat. . . . It is preventing [some drugs] from getting into the trafficking [network], and that's something. But we can continue that *ad infinitum*."[19]

This view is broadly shared for three reasons. First, interdiction is not equally effective for all kinds of drugs. Bulky drugs like marijuana are most easily detected, and yet it is estimated that only one-quarter to one-third of all marijuana shipments are confiscated.[20] Because they can be shipped in smaller containers, heroin and cocaine are transported with less visibility. Interdiction is far less successful with these drugs.

Second, interdiction does not appreciably increase the risk of arrest and incarceration of most dealers. Based on limited information, Rand Corporation researchers recently estimated that only 4.3–11.2 percent of dealers are arrested annually.[21] The risks of going to jail or being imprisoned are even lower: about 30 percent of drug sale–related arrests lead to incarceration. Thus it does not appear that interdiction has a major deterrent value.

Third, at present seizure levels, interdiction does not affect the core activities of the drug industry. The amount that is confiscated represents such a small proportion of the overall inventory of the illicit drug trade that seizures are viewed as sustainable risks or occupational hazards. Seizures affect only the end product and do not cripple the

production and distribution network. And so, by focusing only on the end product, interdiction fails to exert substantial leverage on the drug industry itself.[22]

Deterrence: Increasing Penalties for Use

The belief that penalties influence behavior and deter illegal activity has a rich history.[23] Deterrence is a philosophy that undergirds some supply-side and many demand-side drug control strategies. Advocates of deterrence argue that the threat or actual imposition of punishments for drug dealing, use, or possession motivates many potential dealers and users to desist. The central theses of this perspective are that potential dealers and users: (*a*) are motivated by self-interest, (*b*) are free to choose among a variety of alternative courses of action in life, and (*c*) avoid alternatives that they perceive to lead to undesirable outcomes. This line of econometric reasoning has led to dram-shop,[24] open-container, mandatory jail sentence,[25] and increased drinking age legislation around the nation. On the supply side, it has led to increased penalties for drug trafficking. In addition to believing that the moral force of the law influences behavior, deterrence theorists argue that more severe penalties produce greater social control. On this premise, they support tougher penalties for substance abuse and drug trafficking.

Effectiveness.—The problem with deterrence is that law enforcement is imperfect. Because law enforcement officers simply cannot catch all dealers and users, the infrastructure of the illicit drug industry usually remains viable after even very successful police efforts. Thus, in the words of Mark Moore, Harvard's Guggenheim Professor of Criminal Justice, law enforcement efforts "leave behind a residual market, composed of drug dealers and users, who failed to get the message that they should abandon their drug activities."[26]

Because the risks and rewards of different kinds of substance abuse and drug trafficking activities vary, some drug-related crimes may be more deterrable than others.[27] The deterrent value of a penalty rests on its perception by potential offenders and their capacity for undertaking rational action. Users who are unable to exercise rational judgment because of addiction and dealers who are capable of reducing the risks of apprehension by employing counter-surveillance and other self-defense strategies are not as likely to be deterred from illegal acts as others who are not able to reduce the risks of detection. In the context of harsh, swift, and sure punishments for driving under the influence, many moderate drinkers may be deterred from driving home while under the influence of alcohol. But the chronic alcoholic who is incapable of rendering a rational decision is less likely to be deterred.[28]

Numerous studies have attempted to determine whether increasing the probability and severity of punishment will deter people from

illegal behavior. In an evaluation of New York's harsh Rockefeller drug trafficking laws, the Joint Committee on New York Drug Law Enforcement concluded that stern penalties failed to produce changes in overdose deaths, cases of serum hepatitis, and the street price of heroin.[29] On the other hand, in separate evaluations of the British Road Safety Act, Ross concluded that tougher laws for driving while under the influence of alcohol (DWI) produced increased public perceptions of the certainty and severity of punishment for drunk driving and significantly reduced alcohol-related traffic accidents.[30] Recent findings in the United States suggest that deterrence-focused laws may have a suppression effect on drunk driving,[31] but it is not clear that this suppression effect endures for more than a short period of time.[32] Moreover, laws that require confinement for DWI appear to place great strain on jails and are of limited value if correctional facilities are filled to capacity.[33] The research seems to suggest that increasing the severity of punishment, without increasing the likelihood of apprehension and the capacity to mete out sterner punishments, is insufficient to alter behavior.[34]

Treatment: Helping Drug Abusers Quit

Treatment reduces the demand for drugs by rehabilitating drug abusers, and therefore it reduces the number of people who consume drugs. Treatment is an antidrug strategy of national import because it affects the consumer market for the drug traffic industry. The four substance abuse treatment programs that have been most widely used and most widely assessed are outpatient methadone maintenance (MM), outpatient detoxification (DT), therapeutic communities (TC), and outpatient drug-free programs (DF). Early in the evaluation of these programs, it was determined that detoxification alone was ineffectual, and recent outcome studies have tended to focus on the remaining three treatment methods.[35]

Effectiveness.—Two seminal works—one in the 1970s and the other in the 1980s—contribute significantly to our knowledge of the effectiveness of treatment. There are many other studies with rigorous designs, but few have been undertaken with samples so large.[36] The first of these studies is the Drug Abuse Reporting Program (DARP), established in 1969 as a nationally oriented data-collection system for community-based drug and alcohol treatment services. Up through 1974, data were collected on almost 44,000 clients who received substance abuse–related services in 52 agencies across the country. In 1974 a posttreatment follow-up on 6,402 clients was undertaken, and data collection continues today.[37]

The second major work is the Treatment Outcome Prospective Study (TOPS), a large-scale longitudinal study of drug abusers who participated

in three different kinds of public recovery programs (MM, TC, and DF). The project tracked 11,750 clients who received services between 1979 and 1981. A follow-up study of the 1981 cohort was undertaken in 1984.[38]

The DARP and TOPS findings support three major conclusions about the effectiveness of substance abuse treatment: (1) substance abusers who demonstrate poor social, psychological, and vocational adjustment at the beginning of treatment show less improvement at the end of treatment; (2) all major treatment methods have positive results, but effects vary for different types of clients; and (3) longer stays in treatment are associated with more positive outcomes.

With regard to the first finding, substance abusers who evidence greater social and vocational impairment appear to benefit least from treatment. Abusers with poor employment records before treatment have been reported to be more likely to be unemployed at the end of treatment.[39] In particular, opiate abusers, who often are deeply embedded in street life and have difficulty sustaining conventional activities, do poorly in drug-free outpatient treatment and appear to respond more positively to the somewhat greater environmental controls exerted by therapeutic communities.

On average, though, the three major treatment methods produce similar results.[40] Across DARP treatment methods, 27 percent of patients in methadone maintenance, 28 percent of patients in therapeutic communities, and 24 percent in drug-free outpatient remained drug and crime free for 12 months after release. Follow-up on clients who received detoxification services only, or who were formally admitted to a program but failed to show up for treatment, indicates that modest program effects exist. In the detox group, 15 percent remained drug and crime free, while in the intake-only group, 14 percent were reported drug and crime free 1 year after contact.[41] On the basis of these and other findings from TOPS and DARP, it is clear that a majority of abusers fail to benefit from any program.

A number of studies have been undertaken to identify factors associated with successful completion of a treatment program and, at the same time, to more fully identify those clients who may be at risk of treatment failure. Litman and Stapleton, for example, attempted to examine cognitive processes such as positive thinking and avoidance/distraction thinking. They concluded that the "effectiveness of these coping behaviors [i.e., positive thinking] is related significantly to outcome," specifically avoiding relapse into alcoholism.[42] Similarly, in a study of internal cue processing, Tarbox, Weigel, and Biggs reported that "the way an alcoholic thinks makes a difference in his struggle against [his/her disease]."[43] And examining the role of motivation in outcome, Miller concluded that "Alcoholics Anonymous, . . . a rule-oriented system, [is] . . . successful with clients high in authoritarianism,

field dependence, and affiliative and dependency needs. . . ."[44] Such research is broadening our understanding of the types of clients who respond positively to treatment.

In this same vein, gender appears to be a factor that is predictive of treatment outcome. Men and women bring different kinds of responsibilities, experiences, and values to treatment.[45] Single parenthood and pregnancy, for example, clearly affect a woman's capacity to attend a treatment program. In addition, women may respond differently to different kinds of treatment. Substance abuse researchers are sifting through evidence of convergence in male and female drinking patterns[46] and differences between genders in this regard[47] to tailor programs to women's needs; however, research in which separate findings for men and women are published is rare.[48] In an exceptional study, Cronkite and Moos reported that group treatment outcomes for men as compared to women were significantly more successful. On the other hand, women appeared to sustain greater gains in an educationally oriented course of treatment.[49] In spite of a growing body of evidence that men and women respond differently to substance abuse treatment, specialized programs or support services for women in treatment have been slow to emerge.

Findings from these studies are giving rise to new and as yet untested treatment approaches that combine intensive outpatient treatment, aftercare, and other service innovations.[50] Across a variety of fields, precedent-breaking substance abuse treatment programs are being developed and pilot tested. Some of these programs incorporate special services to attract women, minorities, and other disadvantaged groups. Methodologically, these new programs include brief therapies,[51] psychotherapy with opiate-dependent clients,[52] one-person family therapy,[53] the use of operant conditioning[54] and skills training,[55] and chemical aversion and other drug therapies.[56] Because many of these nascent programs use briefer, more intensive interventions, they are attractive from a cost-effectiveness point of view, but it remains to be seen whether any of them will emerge as preferred treatments for the 1990s.

On the weight of the evidence to date, treatment can be declared only modestly successful. Roughly 24–28 percent of those treated in the three major modalities return to high functioning (defined as drug free and crime free) at the end of treatment. For some treatment modalities, however, the dropout rate during treatment is greater than 40 percent by the third month.[57] In the DARP follow-up sample, 60 percent of the 6,000+ substance abusers who entered treatment reentered some type of abuse program within 4 years after leaving DARP, and 33–40 percent of those did so the first year.[58] Both the DARP and TOPS findings indicate that treatment works well while clients are in a program. The results from no-treatment control groups were

issue is the value of etiological theory in devising prevention interventions.

At least five competing conceptualizations of "the drug problem" exist in the field of drug abuse prevention.[71] First, there is the view that *pathological use* should be prevented.[72] Second, there is the view that the *regular use* of any psychoactive substance should be prevented, and third that *any use*, including experimentation, should be prevented. Fourth, and more recently, the goal of *delaying the age of first use* has been advocated. And, finally, there is the view that *specific use* categories of substance abuse should be prevented. The two latter views appear to arise from recent demographic studies of substance use patterns that indicate that the age of first use differs by type of drug. Some drugs, in particular, alcohol, tobacco, and marijuana, serve as "gateway" substances for the use of cocaine, opiates, and other illicit drugs. Thus there appears to be a natural history of drug involvement, but at each stage of drug use, different psychosocial factors predict progression to the next stage.[73] These alternative conceptions of the drug problem have led to widely divergent demand-side and supply-side prevention efforts and factious rivalries among program advocates.

The value of etiological theory in underpinning prevention intervention has been much discussed. Prevention workers were divided during the 1960s and 1970s on the issue of a theoretical base. Some believed it was better to get on with efforts to help and to avoid spending time in developing sets of causal or "acquisition" hypotheses. Advocates of theory-free prevention interventions viewed the development of sophisticated causal models as cost-ineffective and cited the famous example of successful prevention in which John Snow dismantled the contaminated Broad Street pump, and, well before a germ theory of disease transmission was developed, effectively prevented cholera.

On the other hand, advocates of theory-focused intervention argued that the only way to prevent a colossal waste of money was to develop prevention programs that systematically addressed the causes of the substance abuse problem. Prevention specialists from this school of thought warned that programs with no theory base might be effective only by chance, and there was a great likelihood that they might do more harm than good.[74]

Recent research has proven so informative that the arguments of the opponents of theory-based intervention are beginning to lose salience. In particular, there is a growing body of evidence that experimental and regular use of different substances have different etiological roots. Experimental use of drugs by adolescents appears to be a qualitatively different phenomenon from regular use of illicit substances.[75] Experimentation in some communities is nearly a normative event that is not associated with deep-seated alienation, poor school achievement, and personal failure.[76] Conversely, the regular use of illicit

substances appears to stem from early rebelliousness and nonconformity that, when they continue into adolescence, lead to a broad pattern of misbehavior and disaffection.[77]

This finding has major policy implications for the direction of the substance abuse prevention field. If avoidance of any drug use including experimentation is accepted as a prevention goal, broad school- and community-focused programs will be necessary to promote community norms of abstinence. If, on the other hand, the regular use of illicit substances is to be prevented, then on the basis of findings from a number of longitudinal studies,[78] high-risk youths and communities should be identified and carefully crafted interventions delivered throughout preschool, primary, junior high, and high school. The sequelae of even preschool intervention appear to be positive. In the High/Scope Study, for example, impoverished preschool youths randomly assigned to a highly interactive learning environment showed significantly better community adjustment at age 15 when compared to youths from a preschool program that used more traditional teaching methods.[79]

The first approach requires the development of generic primary prevention programs, whereas the second requires the development of targeted primary prevention programs. Different conceptualizations of the drug problem lead to markedly different intervention strategies. The choice between primary and targeted prevention is essentially a political decision, and currently the nation is proceeding in both directions at once.

The field is approaching a watershed point when pursuing both primary and targeted prevention may not be financially possible. The relative effectiveness of school, community, and family prevention programs may influence the impact of new policy initiatives. What, then, do we know about the effectiveness of these interventions?[80]

Based on the ground-breaking work of Evans at the University of Houston, in which psychological inoculation was investigated as a method to train youths to resist social pressures to smoke cigarettes, school-focused skills training programs have proliferated across the country. Personal and social skills training programs that focus on assertiveness,[81] cognitive-behavioral skills,[82] decision-making skills,[83] and life skills[84] have been shown to be effective in delaying the onset of smoking. One year after intervention, for example, Perry, Maccoby, and McAlister reported that 16.2 percent of the students in the eighth grade of a control condition school smoked weekly, while 5.6 percent of the students in a school that had received skills training smoked on a weekly basis.[85]

But caution is warranted. These programs have not yet been shown to prevent or delay the use of substances beyond the use of tobacco and (according to preliminary results) marijuana.[86] It appears that

they hold promise to delay experimentation with a variety of drugs,[87] but it is not clear whether skills training alone will affect the regular use of illicit drugs. Robins's and Kandel's etiological studies indicate that family, school, and peer failure are associated with regular use. For such abusers, a more comprehensive preventive intervention may be required.

Hawkins and his colleagues from the Social Welfare Research Center at the University of Washington have been testing such a comprehensive program. The program is designed to increase achievement and lower substance abuse by training teachers to increase success experiences for their students. Their instructional package includes proactive classroom management, interactive teaching, and cooperative learning methods. At the end of the first year of the 3-year project, no differences between the experimental and control groups were found on academic achievement and substance abuse, but attitudes toward math, school attachment, expectations for education, and attendance (lack of suspension) were significantly higher for the experimental group.[88] On the basis of etiological theory, the findings show great promise and the project demonstrates the kind of comprehensive intervention that may be required if the prevention of regular drug use is to be identified as a goal of public policy.

Turning now to the second type of prevention strategy, community-focused interventions appear to be modestly effective in altering school and community norms regarding the use of cigarettes and other tobacco products.[89] To promote health-enhancement activities and reduce smoking, for example, the Minnesota Heart Health Program developed a comprehensive media campaign that incorporated community education, school peer-leadership groups, and the development of local civic action groups. Although the findings from this project are not yet available, other similar projects appear to have been successful.[90]

Community-focused interventions may be effective in influencing smoking cessation, but to date, little is known about their potential to affect the use of alcohol, marijuana, and other illicit substances. Because experimentation appears to be strongly influenced by prodrug community attitudes, community (and school) action campaigns may have great promise in reducing drug use that is socially influenced.[91] It is doubtful, however, that they alone will affect the regular use of illicit substances. Regular use appears to be influenced less by community values than by individual psychosocial factors such as school failure, parental drug addiction, delinquent involvement, and rebelliousness.

Finally, children of chemically dependent parents appear to be at special risk of substance abuse. In comparing families in which parents regularly used illicit substances and families in which little or no substance use was reported, Kumpfer found that drug-abusing parents spent significantly less time in four kinds of family activities.[92] On a variety

of measures, she reported that families in which substance abuse occu were more disengaged and parent-child bonds more attenuated.[93] such families, there appears to be less parental supervision and le attachment, exposing children to greater peer and situational induc ments.[94] Partly because of these family environment differences, childr of drug abusers were found to have significantly more behavior emotional, social, and academic problems than children in the genei population. It is no surprise that children of chemically depende parents are reported to be four or five times more likely to devel chemical dependency problems of their own.[95]

Based on these data, Kumpfer and DeMarsh at the Social Resear Institute of the University of Utah designed three different famil based prevention interventions to address these problems and to redu the risk of substance abuse among children of substance abusers. a 3-year experiment using a "dismantling" design, they compared t additive effect of parent-only parenting training, family training (parer and children combined), and children-only training. The curriculu for each condition varied but included elements of social skills, proble solving, decision making, conflict resolution, communications skil life skills, and homework skills training. Across the three conditior children made significant progress in reducing problem behaviors ar increasing social and academic performance. Parents in the parer only condition learned and applied parenting skills. The children this group became more compliant. Children whose parents receive parenting training and who became involved in a children's ski training group increased their problem-solving skills, resistance peer pressures, social skills, and number of friends. Families that pa ticipated in the family skills training group as well as the parenti and children's training groups sustained the highest overall change Children in these homes improved their social and academic skil and they reduced both their intentions to use alcohol and their actu self-reported use of alcohol, marijuana, and other illegal drugs.[96] The findings appear to demonstrate that targeted primary prevention ca be effective in changing the family environment and reducing the ri of substance abuse among high-risk groups such as children of dr abusers.

Comparing the Five Strategies

Each strategy—eradication, interdiction, deterrence, treatment, ar prevention—serves a different master and is rooted in a fundamenta different perspective on the drug problem. Each is viewed as modest or differentially effective, but none has strong empirical support. (the five, prevention has perhaps the strongest support. Like treatmer

prevention is a demand-side strategy. However, since the Opium Act of 1909, which banned the importation of opium (except for medicinal purposes), the nation's principal and preferred responses to drug trafficking and drug abuse have been supply-focused strategies. Only recently has substance abuse been conceptualized as both a supply-side and demand-side problem.[97]

On October 17, 1986, Congress passed new omnibus antidrug legislation (H.R. 5484) raising federal drug-fighting funding to $3.9 billion, an increase of more than $1.6 billion over FY86 funding. With great ceremony, President Reagan signed this legislation into law, declaring a national "crusade" against drugs. In light of history, it is not surprising that supply-side strategies received disproportionate funding.[98] Although the drug problem appears to remain high on the president's list of serious issues, when he submitted his FY88 budget plan in January 1987, he failed to rejoin the effort with the same vigor and slashed funds by approximately $913 million.[99] However, total spending for substance abuse continued to be approximately two and a half times what it was in 1981.

A Socially Responsible Public Policy?

Is the current policy socially responsible? A public policy may be considered socially responsible when, from the range of morally and ethically acceptable initiatives, it promotes the full use of technical know-how to reduce the risks of a threat.[100] A responsible social policy must have demonstrable impact. That is, within a reasonable period of time, it should reduce or control a social problem. Thus the legislation promoted and the strategies adopted under a policy should have empirical support. To be sure, policymakers must constantly weigh their fiscal responsibilities against their social responsibilities. But even in the absence of full funding for public policies, one may examine the proportional distribution of funds allocated under a policy initiative, gather and assess the evidence of impact, and ask, Was this policy socially responsible?

On the basis of the evidence to date, only one conclusion is possible: our substance abuse policy is misdirected. We have allocated far too much money to the unproven strategies of eradication and interdiction, and we have allocated far too little money to prevention. This is an understandable but unacceptable pattern. As a nation, we have felt attacked by immensely powerful drug moguls, and we have consistently attempted to take the battle off our own soil and into their villages, refineries, warehouses, and transit centers. We have been less than successful at this, and in the meantime, we have left entire generations of American youth at risk.

What Should Be Done?

First, we must be clear about the purpose of our substance abuse policy. Our policy should be formulated to develop programs that eradicate the experimentation with and use of illicit substances.[101] These substances are the bread and butter of the drug trafficking industry. In the context of this purpose, delaying the age of first use of licit substances may become a subsidiary goal, because the early use of licit substances is weakly correlated with the later use of illicit substances.

Second, the demand side of the problem must be more vigorously attacked. This will require the development of programs that promote informal as well as formal social control.[102] Informal controls rely on folk customs and common agreements to enforce norms, whereas formal controls involve enforcement of laws (codified norms) through formal organizations such as the police, the military, and the DEA.[103] Historically, a disproportionate amount of the American effort to combat drug abuse has relied on formal social control.

In designing programs to change human behavior, an understanding of the relation between formal and informal control is essential. Cohesive social networks exert informal social controls and are the infrastructure of society.[104] Informal controls produce *voluntary* compliance with social norms; formal controls produce compliance by coercion. There is growing evidence that extensive use of formal control mechanisms actually reduces informal social control.[105] Thus, greater reliance on law enforcement may actually reduce society's capacity to enforce social norms, and it may exacerbate social problems.

Although interdiction, eradication, law enforcement, and deterrence-focused strategies have a place in our drug-fighting effort, their use can produce unanticipated and negative side effects. Extensive or exclusive use of these mechanisms may reduce society's informal capacity to control substance abuse. Our disproportionate reliance on them may account, in part, for the continued high use of substances by American teenagers and young adults.

We must develop programs that strengthen informal social controls, programs that build infrastructure in high-risk neighborhoods and schools affected by high crime, homelessness, and poverty. Teachers must be empowered with new teaching strategies to increase the success experiences of a greater proportion of their students.[106] In the same vein as the High/Scope Project, early education must be provided, because the dividends that it appears to deliver are academic achievement, social success, and productivity.[107] And, through our treatment centers, children of parents with chemical dependencies must be involved in special programs to reduce the likelihood that they will follow in their parents' footsteps.[108] A comprehensive attack on the use of illicit

drugs cannot be successful without addressing the psychosocial and environmental conditions that produce substance abuse. Current policymakers have been particularly reluctant to address the environmental correlates of substance abuse, since that requires developing strategies to redress fundamental gender, racial, ethnic, and economic inequalities in our society.

As implied above, targeted prevention should be preferred over generic primary prevention. The complex environmental and personal factors that appear to lead to the use and abuse of illicit drugs can best be addressed by systematic prevention efforts undertaken in high-risk schools and communities. If funding for substance abuse continues to shrink, broadly focused primary prevention programs are likely to be stretched to their limits. At this time, it is not clear that these programs will reduce the use of illicit substances among rebellious youths whose lives are characterized by school and social failure. Prevention targeted on higher-order ecological units such as schools allows the concentration of dwindling resources in areas of greatest potential impact on the drug trafficking industry.

Finally, the nation's current fear of substance abuse and the Reagan administration's leadership in forging a balanced substance abuse federal policy have at least one curious side effect. On the part of both conservatives and liberals, there is a growing consensus that the problems of substance abuse are too big to be handled by states alone. In this area, a new era of national social purpose appears to have emerged.

Notes

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1. Lloyd D. Johnston, Patrick M. O'Malley, and Jerald G. Bachman, *Drug Use among American High School Students, College Students, and Other Young Adults National Trends through 1985*, National Institute on Drug Abuse (Rockville, Md.: Government Printing Office, 1986), p. 20

2. Ibid., pp. 13–14.

3. Substance abuse occurs across all age groups in society, but, in comparison with the very young, middle-aged, and older-aged elements of society, a greater proportion of youth and young adults use and abuse substances. Therefore, this article will focus primarily on drug users and abusers who are between 12 and 27 years of age.

4. Johnston et al., p 20.

5. President's Commission on Organized Crime, *American's Habit: Drug Abuse, Drug Trafficking, and Organized Crime* (Washington, D.C : Government Printing Office, 1986), p. 5.

6. Ibid., p. 7.

7. Estimates vary considerably. An Abt Associates report, prepared for the Internal Revenue Service (*Unreported Taxable Income from Selected Illegal Activities*) (September 1984), estimated the illicit drug trade to be $27 billion. In its *Annual Report for the Year 1984*, the House Select Committee on Narcotics Abuse and Control (H. R. 1199, 98th Cong., 2d sess., January 3, 1985) reported the value of drug trafficking profits at $110 billion.

8. James Mills, *The Underground Empire: Where Crime and Governments Embrace* (Garden City, N.Y.: Doubleday, 1986), p. 3.

9. U.S. Congress, House, *Testimony of Pearl Mack, Member, Executive Committee, National Education Association, Hearing before the Select Committee on Narcotics Abuse and Control,* 99th Cong., 1st sess., September 27, 1985 (Washington, D.C.: Government Printing Office, 1986), p. 30 (hereafter cited as *Testimony of Pearl Mack*).

10. See, e.g., Delbert S. Elliott, David Huizinga, and Suzanne S. Ageton, *Explaining Delinquency and Drug Use: The National Youth Survey,* Project Report no. 21 (Boulder, Colo.: Behavioral Research Institute, July 1982).

11. *Testimony of Pearl Mack.* Approximately 25% of the nation's students who start high school fail to finish (p. 31). The problem appears to be significantly worse among minority youth. For Hispanic youth, a California study estimated the dropout rate to be between 24% and 55%, and for black youth, between 15% and 50% (p. 60).

12 Eric Wish, "*Drug Use and Crime in Arrestees in Manhattan*" (paper presented at the 47th annual scientific meeting of the Committee on Problems of Drug Dependence, Baltimore, June 11, 1985).

13. For the purpose of this report, "drug" and "substance" abuse will be used interchangeably. Substances of concern include marijuana (including hashish and THC), inhalants, hallucinogens (including PCP and LSD), cocaine (including crack), heroin, natural and synthetic opiates other than heroin, stimulants (amphetamines), sedatives (including barbiturates and methaqualone), tranquilizers, alcohol, and tobacco. Virtually all of these drugs have been shown to have psychoactive properties.

14. In September 1986, on a special television broadcast, President Reagan called for a "national crusade" against drug abuse. Eight days before the November elections, he signed a $3.9 billion antidrug bill declaring that the legislation "reflects the total commitment of the American people and their Government to fight the evils of drugs" (see "Drug Withdrawal," *Time* [January 19, 1987], p. 22). In his State of the Union Message to Congress on January 27, 1987, he called for continued support of his "crusade" against drug abuse.

15. White House Drug Abuse Policy Office, *1984 National Strategy for Prevention of Drug Abuse and Drug Trafficking* (Washington, D.C.: Government Printing Office, 1984), p 67.

16. President's Commission on Organized Crime, p 421.

17 Ibid, p. 424

18 U.S.C. section 1385. Exemptions may be found in 10 U.S.C. section 371.

19. President's Commission on Organized Crime, p. 361.

20 Mark H. Moore, "Drug Policy and Organized Crime," paper commissioned for the President's Commission on Organized Crime, *America's Habit. Drug Abuse, Drug Trafficking, and Organized Crime* (Washington, D.C.: Government Printing Office, March 1986), p. 72.

21. J. Michael Polich, Phyllis L. Ellickson, Peter Reuter, and James P. Kahan, *Strategies for Controlling Adolescent Drug Use* (Santa Monica, Calif · Rand, February 1984), p. 59.

22 It has been argued that U.S. drug laws function as tariffs that artificially raise the street price of drugs, in essence creating the opportunity for enormous profits in illicit drug production and distribution. In an article entitled "Exposing the War on Cocaine: The Futility and Destructiveness of Prohibition" (*Wisconsin Law Review* 1983, no. 6 [1983]: 1305–1426), Steven Wisotsky argued that the legalization of illicit drugs would decrease the profits to be made in the industry and cripple organized crime. But legalization would likely lead to a wider use of psychoactive substances, and it is known that these drugs impair work productivity, the capacity to learn, and health. The health costs alone might be staggering. Thus, legalization must be rejected as a viable option.

23. See, e.g., Franklin E. Zimring and Gordon J. Hawkins, *Deterrence: The Legal Threat in Crime Control* (Chicago: University of Chicago Press, 1973).

24 Dram-shop laws refer to third-party liability to recover civil damages against a person who sells (or gives away) liquor to a person who subsequently is injured or causes an injury to another.

25. For second offenses and, in about eight states, for first offenses of driving while under the influence (DWI), jail sentences are mandatory. In addition, many states require mandatory license suspension and community service with first and second DWI convictions.

26. Moore, p. 8.

27. Chambliss first introduced the idea of differential deterrence (see W. Chambliss, "The Deterrent Influence of Punishment," *Crime and Delinquency* 12 [1966]: 70–75).

28. Up to 75% of first- and 95%–98% of second-time DWI offenders may be alcoholics or serious problem drinkers. Consistent with the Presidential Commission on Drunk Driving (*Final Report* [Washington, D.C.: Government Printing Office, 1983]), treatment is being mandated for these offenders in a number of states. But coercive rehabilitation has rarely been shown to be effective. These offenders appear unlikely to respond either to deterrence or rehabilitation strategies because they lack the capacity to modify their own behavior on the basis of perceived threats. See Michael W. Forcier, Norman R. Kurtz, Dale G. Parent, and Mark D. Corrigan, "Deterrence of Drunk Driving in Massachusetts: Criminal Justice System Impacts," *International Journal of the Addictions* 21 (1986): 1197–1220, 1214–16.

29. Joint Committee on New York Drug Law Enforcement, *The Nation's Toughest Drug Law: Evaluating the New York Experience* (Washington, D.C.: Government Printing Office, 1978).

30. Laurence H. Ross, "Law, Science, and Accidents: The British Road Safety Act of 1967," *Journal of Legal Studies* 2 (1973): 1–78, and "Deterrence Regained: The Chershire Constabulary's Breathalyzer Blitz," *Journal of Legal Studies* 6 (1977). 241–92.

31. Forcier et al., p. 1201; Laurence H. Ross, *Deterring the Drinking Driver* (Lexington, Mass.: Lexington Books, 1982).

32. Forcier et al., p. 1201.

33. See, e.g., James K. Stewart, *Jailing Drunk Drivers: Impact on the Criminal Justice System*, National Institute of Justice Pamphlet no. 0-461-539/34513 (Washington, D.C.: Government Printing Office, May 1985). Although traffic fatalities had begun to decline both nationally and in the jurisdictions under study, Stewart concluded that jailing drunk drivers was associated with decreases in automobile accident–related deaths. However, he cautioned that additional criminal justice system resources are needed to effectively implement this "get tough" strategy.

34. The public must perceive that enforcement will occur and that the risks of detection are high. In states that have raised the drinking age to 21 years of age *and* actively enforced that new drinking age, reductions in alcohol-related traffic fatalities among drivers aged 21 and younger have been found (see, e.g., David P MacKinnon and J. Arthur Woodward, "The Impact of Raising the Minimum Drinking Age on Driver Fatalities," *International Journal of the Addictions* 21 [1986]: 1331–38).

35. D. Dwayne Simpson, "National Treatment System Evaluation Based on the Drug Abuse Reporting Program (DARP) Follow-up Research," in *Drug Abuse Treatment Evaluation: Strategies, Progress, and Prospects*, ed. Frank M. Tims and Jacqueline P. Ludford, National Institute on Drug Abuse Research Monograph no. 51 (Rockville, Md.: Government Printing Office, 1984), pp. 29–41.

36. Ibid., p. 29.

37. Ibid., p. 33.

38. Robert L. Hubbard, J. Valley Rachal, S. Gail Craddock, and Elizabeth R. Cavanaugh, "Treatment Outcome Prospective Study (TOPS): Client Characteristics and Behavior Before, During, and After Treatment," in Tims and Ludford, eds., pp. 42–68.

39. Simpson, p. 33.

40. Ibid.

41. When a less stringent measure of success is used (no daily use of illicit drugs, no more than 30 days collectively in jail, and no arrests for crimes against persons or for profit across the 12-month follow-up period), somewhat more positive findings emerged: 41% of the MM clients, 40% of the TC clients, and 33% of the DF clients were considered "treatment successes" (ibid., p. 32).

42. Gloria K. Litman and John Stapleton, "The Relationship between Coping Behaviors, Their Effectiveness, and Alcoholism Relapse and Survival," *British Journal of Addiction* 79 (1984): 283–91.

43. Arthur R. Tarbox, James D. Weigel, and Jackson T. Biggs, "A Cognitive Typology of Alcoholism: Implications for Treatment Outcome," *American Journal of Drug and Alcohol Abuse* 11 (1985): 91–101.

44. William R. Miller, "Motivation for Treatment: A Review with Special Emphasis

on Alcoholism," *Psychological Bulletin* 98, no. 1 (1985): 84–107.

45. The literature in this area is far from strong, but a growing number of studies conclude that barriers to treatment are higher for women than they are for men. See, e.g., L. J Beckman and H. Amaro, "Patterns of Women's Use of Alcohol Treatment Agencies," in *Alcohol Problems in Women*, ed. S. C. Wilsnack and L. J. Beckman (New York: Guilford, 1984), pp. 319–48; Karol L. Kumpfer and Ann Holman, *Women and Substance Abuse*, report prepared for the State Division of Alcoholism and Drug Abuse (Salt Lake City: Social Research Institute, 1985).

46. K. M. Fillmore, "When Angels Fall: Women's Drinking as Cultural Preoccupation and as Reality," in *Alcohol Problems in Women: Antecedents, Consequences, and Intervention*, ed. Sharon Wilsnack and Linda Beckman (New York: Guilford, 1984).

47. Studies in physiology and pathophysiology show that males and females may differ on several physical measures. These findings appear to provide a basis for the design of programs tailored to women's needs (S. B. Blume, "Women and Alcohol: A Review," *Journal of the American Medical Association* 256, no. 11 [1986]: 1467–70).

48. M. Vannicelli, "Treatment Outcome of Alcoholic Women: The State of the Art in Relation to Sex Bias and Expectancy Effects," in *Alcohol Problems in Women*, ed. S. C. Wilsnack and L. J. Beckman (New York. Guilford, 1984), pp. 369–412.

49. Ruth C. Cronkite and Rudolf H. Moos, "Sex and Marital Status in Relation to the Treatment and Outcome of Alcoholic Patients," *Sex Roles* 11 (1984): 93–112.

50. Ibid., p. 100.

51. Rebecca S. Ashery, ed., *Progress in the Development of Cost-effective Treatment for Drug Abusers*, National Institute on Drug Abuse, Research Monograph no. 58 (Rockville, Md.: Government Printing Office, 1958).

52. George E Woody, Lester Luborsky, A. Thomas McLellan, and Charles P. O'Brien, "Psychotherapy for Opiate Dependence," in ibid., pp. 9–30.

53. Franklin H. Foote, Jose Szapocznik, William M. Kurtines, Angel Perez-Vidal, and Olga K. Hervis, "One-Person Family Therapy. A Modality of Brief Strategic Family Therapy," in Ashery, ed., pp. 51–66; Sharon M. Hall, "Clinical Trials in Drug Treatment: Methodology," in Tims and Ludford, eds., pp. 88–105.

54 Maxine L. Stitzer, George E. Bigelow, and Mary E. McCaul, "Behavior Therapy in Drug Abuse Treatment: Review and Evaluation," in Ashery, ed., pp. 31–50.

55. C J. Braukmann et al., "Effects of Community-based Group-Home Treatment Programs on Male Juvenile Offenders' Use and Abuse of Drugs and Alcohol," *American Journal of Drug and Alcohol Abuse* (United States) 9, no. 6 (December 1985): 503–4; Lasse Eriksen, Sverre Bjornstad, and K. Gunnar Gotestam, "Social Skills Training in Groups for Alcoholics: One-Year Treatment Outcomes for Groups and Individuals," *Addictive Behaviors* 11, no 3 (1986): 309–29.

56 Steven Thurber, "Effect Size Estimates in Chemical Aversion Treatments of Alcoholism," *Journal of Clinical Psychology* 41, no. 2 (March 1985). 285–87; P. T. Loosen, "The TRH-induced TSH Response in Psychiatric Patients: A Possible Neuroendocrine Marker," *Psychoneuroendocrinology* (England) 10, no. 3 (1985) 237–60.

57 For MM clients in the DARP study, the dropout rate was 14%, but for TC and DF clients, respectively, it was 49% and 43% (Simpson [n. 35 above], p. 38) In the TOPS study, 60% of the clients in DF had dropped out, transferred, or completed treatment by the end of 3 months; 35% of MM and 56% of the TC clients dropped out, transferred, or completed treatment (Hubbard et al. [n. 38 above], p. 55)

58 Simpson, p. 36.

59. Catherine S Bell and Robert J. Battjes, "Overview of Drug Abuse Prevention Research," in *Prevention Research Deterring Drug Abuse among Children and Adolescents*, ed. Catherine S. Bell and Robert J Battjes, National Institute on Drug Abuse, Research Monograph no. 63 (Rockville, Md: Government Printing Office), p. 3.

60 Steven Paul Schinke and Lewayne D. Gilchrist, "Preventing Substance Abuse with Children and Adolescents," *Journal of Consulting and Clinical Psychology* 53, no. 5 (1985). 596–602, at 596; Grace M. Barnes, "Evaluation of Alcohol Education—a Reassessment Using Socialization Theory," *Drug Education* 14, no. 2 (1984): 133–50; Bell and Battjes, p. 3; Richard Stuart, "Teaching Facts about Drugs. Pushing or Preventing," *Journal of Educational Psychology* 66, no. 2 (1974): 189–201

61 Brian R. Flay, "Mass Media and Smoking Cessation: A Critical Review," *American Journal of Public Health* 77, no. 2 (1987): 153–60.

62. Jack Durrell and William Bukoski, "The Prevention of Substance Abuse: State of the Art" (unpublished paper, National Institute on Drug Abuse).
63. Michael Klitzner of the Pacific Institute for Research and Evaluation was recently awarded a NIDA grant to assess the effect of community advocacy groups that promote antidrug legislation and programs.
64. Laurie A. Chassin, Clark C. Presson, and Steven J. Sherman, "Stepping Backward in Order to Step Forward: An Acquisition-oriented Approach to Primary Prevention," *Journal of Consulting and Clinical Psychology* 53, no. 5 (1985): 612–22; Catherine S. Bell and Robert J. Battjes, "Overview of Drug Abuse Prevention Research," in Bell and Battjes, eds., pp. 1–7.
65. See Schinke and Gilchrist, pp. 597–98; Gilbert J. Botvin and Thomas A. Wills, "Personal and Social Skills Training: Cognitive-Behavioral Approaches to Substance Abuse Prevention," in Bell and Battjes, eds., pp. 8–49.
66. Mark W. Fraser and J. David Hawkins, "Parent Training for Delinquency Prevention: A Review," *Child and Youth Services* (in press).
67. See Karol L. Kumpfer, "Prevention of Chemical Dependency: A Critical Review of Risk Factors and Intervention Strategies" (paper presented at the American Academy of Child Psychiatry's Project Prevention, September 22, 1986).
68. Nancy C. Klein, James F. Alexander, and Bruce V. Parsons, "Impact of Family Systems Intervention on Recidivism and Sibling Delinquency: A Model of Primary Prevention and Program Evaluation," *Journal of Consulting and Clinical Psychology* 45 (1977): 469–74; James Alexander and Bruce V. Parsons, *Functional Family Therapy* (Monterey, Calif.: Brooks/Cole, 1982); Cole Barton, James F. Alexander, Holly Waldron, Charles W. Turner, and Janet Warburton, "Generalizing Treatment Effects of Functional Family Therapy. Three Replications," *American Journal of Family Therapy* 13, no. 3 (1985): 16–26.
69. J. Ablon, "Al-Anon Family Groups: Impetus for Change through the Prevention of Alternatives," *American Journal of Psychotherapy* 28, no. 1 (1974): 30.
70. See, e.g., J. Greenleaf, *Co-Alcoholic, Para-Alcoholic* (Los Angeles. Green Leaf, 1981).
71. J. David Hawkins, Denise M. Lishner, and Richard F. Catalano, "Childhood Predictors and the Prevention of Adolescent Substance Abuse," in *Etiology of Drug Abuse Implications for Prevention*, ed. Coryl LaRue Jones and Robert J Battjes, National Institute on Drug Abuse, Research Monograph no. 56 (Rockville, Md.: Government Printing Office, 1985), pp. 75–126.
72. Pathology is defined in the American Medical Association's *Diagnostic and Statistical Manual of Mental Disorders*, 3d ed., rev. (Washington, D.C.: AMA, 1987), as use that persists for more than 1 month and impairs social, occupational, and recreational functioning (see pp. 165–67)
73. See, e.g , Denise B. Kandel and Kazuo Yamaguchi, "Developmental Patterns of the Use of Legal, Illegal, and Medically Prescribed Psychotropic Drugs from Adolescence to Young Adulthood," in Jones and Battjes, eds , pp 193–235.
74. Cheryl L. Perry and Richard Jessor, "The Concept of Health Promotion and the Prevention of Adolescent Drug Abuse," *Health Education Quarterly* 12, no. 2 (Summer 1985): 169–84.
75. Hawkins et al., p. 77.
76. Denise B Kandel, "Epidemiological and Psychosocial Perspectives on Adolescent Drug Use," *Journal of American Academic Clinical Psychiatry* 21, no. 4 (1982): 328–47. Lee N. Robins and Thomas R. Przybeck, "Age of Onset of Drug Use as a Factor in Drug and Other Disorders," in Jones and Battjes, eds., p. 190.
77. Hawkins et al., p 77; Richard Jessor and Shirley L. Jessor, *Problem Behavior and Psychosocial Development: A Longitudinal Study of Youth* (New York Academic Press, 1977)
78. See, e.g., Rolf Loeber and T. Dishion, "Early Predictors of Male Delinquency: A Review," *Psychological Bulletin* 94, no. 1 (1983): 68–99.
79. Lawrence J. Schweinhart, David P. Weikart, and Mary B. Larner, "Consequences of Three Preschool and Curriculum Models through Age 15," *Early Childhood Research Quarterly* 1 (1986): 15–45.
80. It is not possible in this article to review in detail the research in each of the three areas. Each area in itself warrants a review; thus we will attempt to summarize the state of the art and refer the reader to key studies.

81. Mary Ann Pentz, "Prevention of Adolescent Substance Abuse through Social Skills," in *Preventing Adolescent Drug Abuse: Intervention Strategies*, ed. Thomas J. Glynn, Carl G. Leukefeld, and Jacqueline P. Ludford, National Institute on Drug Abuse, Research Monograph no. 47 (Rockville, Md.: Government Printing Office, 1983), pp. 195–232.

82. Schinke and Gilchrist (n. 60 above).

83 Botvin and Wills (n. 65 above), p. 23.

84. Gilbert J. Botvin and Anna Eng, "The Efficacy of a Multicomponent Approach to the Prevention of Cigarette Smoking," *Preventive Medicine* 11 (1982): 199–211.

85. Cheryl Perry, Nathan Maccoby, and Alfred McAlister, "Adolescent Smoking Prevention: A Third Year Follow-Up," *World Smoking and Health* 5, no. 3 (1980): 41–45.

86. Gilbert J. Botvin, Eli Baker, Nancy L. Renick, A. D. Filazzola, and E. M. Botvin, "A Cognitive Behavioral Approach to Substance Abuse Prevention," *Addictive Behavior* 9 (1984): 137–47.

87. Polich et al. (n. 21 above).

88. J. David Hawkins, Howard J. Doueck, and Denise M. Lishner, "Changing Teaching Practices in Mainstream Classrooms to Reduce Discipline Problems among Low Achievers," *American Education Research Journal* (in press).

89. Flay, "Mass Media and Smoking Cessation" (n. 61 above), p. 158.

90. See, e.g., Nathan Maccoby, John W Farquhar, Peter D. Wood, and Janet Alexander, "Reducing the Risk of Cardiovascular Disease: Effects of a Community-based Campaign on Knowledge and Behavior," *Journal of Community Health* 3 (Winter 1977): 100–114

91 Brian R. Flay, "What We Know about the Social Influences Approach to Smoking Prevention: Review and Recommendations," in Bell and Battjes, eds , pp. 67–112.

92. These included planned but structured (sports, scouts, and clubs), planned but unstructured (parties, picnics, family outings), unplanned but structured (watching television, playing games), and both unplanned and unstructured (informal talks and visits) activities.

93 Interestingly, Kumpfer and DeMarsh report that the marital dyad in chemically dependent families is significantly more enmeshed and cohesive than in families in which chemical dependencies do not exist. Conversely, the parent-child relationship in such families appears to be more distant. See Karol L. Kumpfer and Joseph DeMarsh, "Family Environmental and Genetic Influences on Children's Future Chemical Dependency," in *Childhood and Chemical Abuse. Prevention Intervention*, ed Stephanie Ezekoye et al (New York: Haworth, 1986), pp. 49–91

94. Karol L. Kumpfer, "Special Populations: Etiology and Prevention of Vulnerability to Chemical Dependency in Children of Substance Abusers" (unpublished paper prepared for the National Institute on Drug Abuse, Technical Review on "Special Youth Populations What Etiology Suggests about Prevention and Treatment Programming," Rockville, Md , July 16–17, 1986)

95. Donald W. Goodwin, "Alcoholism and Genetics: The Sins of the Fathers," *Archives of General Psychiatry* 6 (1985): 171–74; G Beschner, Understanding Teenage Drug Use," in *Teen Drug Use*, ed. G. Beschner and A S Friedman (Lexington, Mass : Lexington Books, 1986).

96. Karol Kumpfer and Joseph DeMarsh, *Final Report· Children of Substance Abusers Project* (Salt Lake City: Social Research Institute, University of Utah, 1987)

97. President's Commission on Organized Crime (n. 5 above), p 187.

98. In the form in which it cleared Congress, H R. 5484 provided new authorizations of approximately $505 million for federal drug enforcement, $64.9 million for international assistance (in interdiction and eradication), $480.5 million in domestic interdiction activities, $241 million for treatment, $200 million for drug-free schools (prevention), $50.8 million for Indian substance abuse programs, $198 million for research, and $158 million in miscellaneous antismuggling activities, a National Forest Service drug law enforcement program, and other activities. Since that time (October 17, 1986), these amounts have been adjusted, but the proportional distributions continue to favor supply-side intervention.

99. These cuts were made in state drug law enforcement, drug education (prevention), and treatment funds.

100. For the purpose of this discussion, "social responsibility" is defined rather narrowly to describe the fit between the kinds of programs funded under a policy initiative and the empirical evidence that the programs which are funded work. Presumably, when

a policy supports programs that clearly do not work or have negative side effects, then that policy may be labeled socially irresponsible. But this definition sets aside important issues such as adequacy (of funding, personnel training, and leadership), vertical equity (Do people who are at greater risk receive relatively more intensive services?), horizontal equity (Do people in the same circumstances receive the same services?), administrative efficiency (Is the administrative system as simple and as straightforward as possible?), coherence (Does the left hand know what the right hand is doing?), and other criteria by which a policy may be assessed. Clearly, there is much to be said about each one of these, but the limits of space necessitate a narrow definition. For an excellent example of a multifaceted policy analysis, see Michael C. Barth, George J. Carcagno, and John L. Palmer, *Toward an Effective Income Support System: Problems, Prospects, and Choices* (Madison, Wis.: Institute for Research on Poverty, 1974).

101. An evangelical moralism undergirds the rhetoric of advocates of the position that all use of both licit and illicit substances should be eradicated. Such a decision would seem to require broad change in law and, lacking that, public policy should be focused primarily on those behaviors that have been formally designated as illegal. In this vein, strong measures against drunk driving and the use of either licit or illicit substances in such a way as to endanger public safety may be supported.

102 Social Controls are societal mechanisms that systematically restrain individual behavior and motivate people to maintain desired values.

103. M Janowitz, "Sociological Theory and Social Control," *American Sociological Review* 81, no. 1 (1975): 82–108.

104. Ronald S. Burt, "Models and Network Structure," in *Annual Review of Sociology*, ed. A. Inkles et al. (Palo Alto: California Annual Reviews, 1980).

105. For a review of this literature, see Stephanie W. Greenberg, William M. Rohe, and Jay R. Williams, *Informal Citizen Action and Crime Prevention at the Neighborhood Level: Synthesis and Assessment of the Research*, U.S. Department of Justice, National Institute of Justice (Washington, D.C.: Government Printing Office, March 1985).

106 See, e.g., Hawkins et al. (n 71 above).

107. See, e.g., Schweinhart et al. (n. 79 above).

108. See, e.g., Kumpfer and DeMarsh (n. 93 above).

Home Care Services for the Elderly: Cost Savings Implications to Medicaid

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It appears that the Medicaid waiver section of the Omnibus Budget Reconciliation Act of 1981 is designed to allow flexibility in the choice of a long-term care option. However, its real purpose is to reduce Medicaid cost through home care. Results of a quasi-experimental study showed that a demonstration home care program achieved more than 40 percent savings, compared with nursing home care, when all Medicaid services were included. Three implications are discussed: (1) target efficiency, (2) range of services, and (3) generalizability of results.

Under the provision of Section 2176 of the Omnibus Budget Reconciliation Act (OBRA) (P. L. 97-35) of 1981, many states presently provide home care services for Medicaid-eligible individuals who would otherwise enter a nursing home for assistance. As of April 1986, 46 states had received approval to implement Medicaid waiver home care services.[1] The major significance of this Medicaid waiver is found in the development of a wide range of home-based services within a long-term care system. Many studies claim that these services not only provide chronically limited elderly with assistance to live independently in their own homes, but also use federal funding to build a comprehensive system that includes both home care and institutional care.[2] Therefore, the Medicaid waiver is designed primarily to encourage self-determination and to allow flexibility in the choice of a long-term care option. However, from the government policy perspective, a pur-

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pose of equal importance in developing waiver programs is to reduce Medicaid costs.

The "cost reduction" purpose is closely related to the recent economic situation of social services. OBRA has placed limits on the federal share of Medicaid. These limits call for reduction of the federal matching payment to each state by 3 percent in FY 1982, 4 percent in FY 1983, and 4.5 percent in FY 1984.[3] With these limits, states have to tighten restrictions on Medicaid eligibility of the elderly and their families. Also, preadmission screening, that is, assessing and placing patients in appropriate home care or nursing home care, functions to limit "less appropriate" admissions to nursing homes. In addition, a cost cap is applied to all home care patients to ensure that Medicaid expenditures on home care will not exceed the Medicaid estimate of nursing home cost.

Since the cap is applied only to the waiver home care services (e.g., homemaker, home health aide), it does not include other regular Medicaid services (e.g., prescribed drugs, physician services). Therefore, it would be unfair to conclude that waiver programs save Medicaid costs, in light of the fact that a cost cap has been imposed on home care services only. In other words, to address this cost-savings issue, all Medicaid service costs should be included. To test the cost-containment function of Medicaid waiver programs, this study evaluated a Medicaid home care waiver program in Ohio called Pre-Admission Screening System Providing Options and Resources Today (PASSPORT).

PASSPORT: A Home Care Option

The waiver program was initiated by the Ohio Department of Human Services in 1983. Starting in July 1984, PASSPORT was implemented as a demonstration project by two central administrative units (CAUs) that serve clients from nine central and western Ohio counties. The goal of PASSPORT is to expand the home care option for older persons who would otherwise require institutional care. Three components constitute the PASSPORT system: (1) preadmission screening and assessment, (2) Medicaid waiver home care program, and (3) community care connections. The preadmission screening provided by locally managed teams of assessors includes an intake procedure, a comprehensive assessment, consumer education, an alternative analysis, development of a care plan, and service linkages. It is required for individuals who seek Medicaid for nursing home services. The Medicaid waiver home care program is a case management centered component of PASSPORT. Case managers give advice in using special Medicaid dollars to purchase from community agencies the most appropriate package of home care services (see table [illegible] for a list of PASSPORT's

Table 1

PASSPORT'S CORE HOME CARE SERVICES

Medicaid waiver home care services:
Home health aide
Homemaker
Home-delivered meals
Respite care (other than from a nursing home)
Nursing care
Physical therapy
Nonroutine consumable medical supplies
Adaptive and assistive equipment
Adult day care
Case management
Supportive services included in the PASSPORT cost cap:
Institutional respite care (from a Medicaid-certified nursing home)
Transportation
Occupational therapy
Speech therapy

core home care services). To perform its function of community care connections, PASSPORT identifies individuals who are not sufficiently impaired to qualify for an intermediate-care-facility (ICF) Medicaid level-of-care determination but do not have adequate resources to pay for their own long-term care needs. Through the screening procedures, these individuals can be identified formally and referred to appropriate community care services.

Method

A quasi-experimental pretest-posttest design was used to compare what happened under PASSPORT with what would have happened in its absence. In the PASSPORT demonstration areas, locally based teams of assessors offer assessment services to all individuals who are seeking nursing home admission and Medicaid support. This assessment process has been mandatory since the inception of PASSPORT. The major purpose of the PASSPORT assessment is to identify Medicaid-eligible individuals who need long-term care but are potential home care recipients. Without the PASSPORT program, all of the people who sought Medicaid-funded long-term care in these demonstration areas would have entered nursing homes because of Medicaid requirements. Thus, the PASSPORT clients directed into home care were the study target population, and those directed into nursing homes were selected as the control group.

With reference to the monitoring aspect of the PASSPORT assessment, all PASSPORT clients were reassessed at 6-month intervals after initial assessment. Therefore, a pretest-posttest design was used to evaluate home care effects on the clients at two points in time (Time 0 = 6-

month pretest period; Time 1 = first 6-month posttest period; Time 2 = second 6-month posttest period; Time 3 = third 6-month posttest period).

The population of this study was composed of those individuals who sought nursing home care, resided in one urban and two rural counties, were 65 years of age or over, needed an ICF level of care, were eligible for Medicaid, and had been assessed by the PASSPORT program during FY 1984. The experimental group included all PASSPORT home care clients (N = 103), called the Home Care (HC) group. A control group was randomly selected from 1,090 clients who went to nursing homes, called the Nursing Home (NH) group (N = 136). To test the comparability between the two groups, baseline measures of demographic and "pretest" data were taken.

Findings and Analysis

Baseline measures.—Table 2 summarizes the demographic and health characteristics of the client groups at initial assessment. Data were collected from the Multidisciplinary Adult Assessment (MAA) instrument, which included a physical functioning scale. This scale included a measurement of clients' activities of daily living (ADLs), sensory activities, and elimination functioning.[4] A 3-point scoring scale was used to measure the functioning dependence level, with 1 = least dependent, 2 = less dependent, 3 = most dependent on assistance.

Most clients in both the experimental and the control groups were between 75 and 84 years of age, female, unmarried (single, divorced, or widowed), and residing in an urban county. Moreover, they were evenly distributed between regular diet and controlled diet categories. Almost half of the clients in both groups had experienced stressful events 6 months prior to initial assessment. The most common stressful events included death or illness in the family, personal illness, change of environment, and nursing home placement. In terms of physical functioning scores, about 60 percent of the clients in both groups were least dependent, 15–20 percent were less dependent, and 16–25 percent were most dependent on assistance. Overall, more than one-fourth of the clients were diagnosed as having cerebrovascular accidents (CVA) or transient ischemic attacks (TIA). Most of them had more than one diagnosis. Chi-square tests of the group differences on the above variables revealed no significant differences.

Medicaid service cost analysis.—Within the home care group, Medicaid service costs in each period were compared.[5] The home care clients spent more on Medicaid services after joining PASSPORT.

Multiple regression analysis was used to compare the home care and nursing home groups. The dependent variable was the overall Medicaid cost, and the independent variables were the treatment group

Table 2

BASELINE MEASURES BETWEEN GROUPS AT INITIAL ASSESSMENT

	Home Care (%)	Nursing Home (%)
Age:		
65–74	37	26
75–84	39	47
85+	24	27
N	103	136
Sex:		
Male	18	19
Female	82	81
N	103	136
County:		
Urban	85	85
Rural	15	15
N	103	136
Marital status:		
Unmarried	91	86
Married	9	14
N	101	122
Diet:		
Regular	41	38
Controlled	59	62
N	103	136
Stressful experience 6 months prior to assessment:		
No	39	50
Yes	61	50
N	69	40
No. of diagnoses:		
0–1	30	34
2–4	70	66
N	103	136
Initial physical functioning:		
Least dependent	60	63
Less dependent	15	21
Most dependent	25	16
N	102	136

NOTE.—Differences between the home care and the nursing home groups were insignificant for all those variables at initial assessment, at Time 1 reassessment, at Time 2 reassessment, or at Time 3 reassessment.

(HC vs. NH), demographic data, number of informal caregivers, years on Medicaid, physical functioning score, hospital days, number of diagnoses, and total Medicaid services received. With this regression model, the cost data were regressed on the independent variables by time periods.

Using Time 1 data, the regression results (table 3) showed that treatment group ($F = 55.6$, $p < .001$), total number of services ($F = 46.9$, $p < .001$), and physician days ($F = 36.6$, $p < .001$) were significant. These three variables accounted for 33 percent of the variance. Holding other factors constant, expenditures for a nursing home client would average $533 more than those for a home care client.

Table 3

Multiple Regression for Costs: Time 1 Period ($N = 227$)

Variable	F	Multiple R	R^2	R^2 Change	B	Beta
Group	55.6*	45	20	.20	532.82	.56
Total no. of services	46.9*	.54	.30	.10	57.43	.30
Physician days . .	36.6*	.57	.33	03	2.37	.20
Constant	...	...	...	...	−415.82	...

Note.—Group was coded 1 = home care, 2 = nursing home.
* $p < .001$

Using Time 2 data (table 4), there were significant differences between the HC and the NH groups ($F = 42.2$, $p < .001$), and between the unmarried and married clients ($F = 24.7$, $p < .001$). A home care client tended to cost Medicaid $443 less than a nursing home client. The variables treatment group, marital status, and age accounted for 57 percent of the variance.

For Time 3 (table 5), the group difference was also significant ($F = 19.3$, $p < .001$). A nursing home client was more likely to spend more Medicaid dollars ($470) on services than a home care client.

Total Medicaid costs for the two groups were compared for each time period (table 6). Costs with the home care waiver were about 40 percent of those for nursing home clients during Time 1, 44 percent during Time 2, and 53 percent during Time 3. The average saving during the 18-month evaluation was 43 percent, which was above the proposed cost-cap saving (40 percent).

Discussion

Since a cost cap (60 percent of Medicaid costs of nursing home care) had been imposed on the PASSPORT care plan, it was assured that

Table 4

Multiple Regression for Costs: Time 2 Period ($N = 158$)

Variable	F	Multiple R	R^2	R^2 Change	B	Beta
Group	42.2*	.46	.21	.21	442.58	.41
Marital status .. .	24 7*	.49	.24	.03	377 65	.22
Age	19.4*	.52	.27	.03	12.21	.19
Constant	...	...	...	...	−1181.34	...

Note.—Group was coded 1 = home care, 2 = nursing home. Marital status was coded 1 = unmarried, 2 = married.
* $p < .001$.

Table 5

MULTIPLE REGRESSION FOR COSTS: TIME 3 PERIOD ($N = 92$)

Variable	F	Multiple R	R^2	R^2 Change	B	Beta
Group	19.3*	.42	.18	.18	470.43	.37
Hospital days	17.3*	.53	.28	.10	51.30	.29
Physician days	13.3*	.56	.31	.03	12.39	.19
Constant	. . .	. . .	. . .	. . .	−65.59	. . .

NOTE.—Group was coded 1 = home care, 2 = nursing home.
* $p < .001$

the average per capita expenditures under the waiver could not excee the average per capita expenditures for the level of care provided i an ICF facility. However, in order to test the cost-containment functio of home care, this study compared the "overall" Medicaid service cost between home care and nursing home care groups. These costs include not only waiver home care cost or nursing home cost, but also too other Medicaid costs into account. These other Medicaid costs include spending on prescribed drugs, ambulance services, physician service hospitalization, and other regular Medicaid services. With these ac ditions, the overall fiscal impact on Medicaid was analyzed.

Within the home care group, the overall Medicaid service costs wer higher during the posttest periods than the pretest period. The possibl reason was that the HC clients were unable to use home care service before entering the PASSPORT program. Since all of these client were low income, they could not afford home care services withou Medicaid support. After their enrollment into PASSPORT, the neede

Table 6

T-TESTS OF OVERALL MEDICAID SERVICE COSTS BETWEEN GROUPS

Medicaid Service Costs and Group	N	Mean	SD	df	T-Value
Time 1:					
HC	99	625	377	225	7.5*
NH	128	1,046	453		
Time 2:					
HC	56	624	538	156	6.5*
NH	102	1,117	405		
Time 3:					
HC	25	471	283	90	4.4*
NH	67	1,005	583		

NOTE.—HC = home care; NH = nursing home.
* $p < .001$.

services (e.g., homemaker, home health aide) had become available, and their Medicaid eligibility allowed them to use these services at home. As a result, their spending on services was higher during the reassessment periods than before the initial assessment. Also, this finding of higher posttest costs was associated with the increasing number of Medicaid services ordered after enrollment. It is likely that the home care clients received more comprehensive care as a result of these services.

The results comparing the total Medicaid costs between home care and nursing home groups showed that the average monthly costs of Medicaid services were substantially lower in the home care group than in the nursing home group, even though the home care clients tended to receive a wider range of services. In the first year of PASSPORT implementation, the home care clients used only 57 percent of the costs spent for the nursing home clients, when all Medicaid services were included. The average monthly spending in the HC group was higher during the Time 1 period ($625) and the Time 2 period ($624) than during the Time 3 period ($471). This difference was due to a high use of hospital services during the first 12 months for the HC clients.

Furthermore, when the effects of other explanatory variables were controlled, the results of the multiple regression analysis showed that the treatment group (HC or NH) was a significant variable associated with overall costs. This association demonstrated the fact that the home care clients spent much less than the nursing home clients. Consistent with Wilson's study, this study found that costs of home care services were much less than the costs of institutional services for people with impairment or limitation lower than the "great" or "extreme" levels.[6]

Theoretically, a person's physical functioning level is a determinant of how much assistance he or she may need and how much he or she may spend. However, the regression analysis in this study showed no significant relation between physical functioning score and cost. That is, physical functioning was not an explanatory factor for the cost variation between these two groups.

Implications

The results indicate the cost-savings value of providing home care to meet long-term care needs. Due to its demonstration nature, this project reflects only the short-term impact of home care. However, the results suggest several policy implications for the development of Medicaid home care programs.

The first implication concerns the determination of the home care service target population. Since the target population in this study was home care clients whose original desire was to apply for nursing

home admissions and Medicaid support, the findings imply that these clients would have spent more in nursing homes if PASSPORT had not been established. However, if Medicaid waiver programs are expanded in the future, they may attract some clients who seek only home care services. In other words, these "additional" clients may not be potential nursing home clients. In this case, the "opportunity costs" of not having the home care option will not be equivalent to the costs of using nursing home care. Thus, the cost-savings finding of this study can only apply to home care clients who use home care as an alternative to nursing home care. For other clients, the cost-saving function of Medicaid home care programs is still undetermined.

The second implication is related to the range of long-term care services that clients may need. The home care clients tended to receive a wider range of services than the nursing home clients. However, clients in this study living at home may have required a larger variety of services to maintain their activities of daily living, while those living in a nursing home did not require the same level of services. Such a wide range of services may not be required of all long-term care clients.

The third implication is related to generalizability of results regarding levels of chronic limitation. Because of the nature of home care, most clients in the waiver program needed only ICF-level of care. In Wilson's study, home care programs provided less costly services than institutionalized facilities if clients were not greatly impaired or extremely limited in daily activities.[7] Hence, the finding of lower costs for less impaired clients may not generalize to those clients needing a higher level of care (such as skilled nursing facilities). Based on the results from this demonstration study, it was concluded that the home care option was less costly than nursing home care when serving clients with only moderate needs. If Medicaid continues to support home care in order to save cost, ICF clients would be its primary service target.

Finally, a potential trade-off between cost and quality of services might exist. Cost-effectiveness studies of the Medicaid home care option should be conducted for further program development.

Notes

1. U. S. Congress, Select Committee on Aging, *Exploding the Myths: Family Caregiving in America* (Washington, D.C.: Government Printing Office, 1987).

2. See Carolyn Anderman, Judith Goldstein, Halesteen Graham, Sandra Knight, Barbra Rabson, Julie Russem, and Dennis Shrauger, *The Greenwich Hospital Home Care Program An Evaluation Study* (Department of Epidemiology and Public Health, Yale University School of Medicine, 1982); Howard Birnbaum, Robert Burke, Christine Swearingen, and Burton Dunlop, "Implementing Community-based Long-Term Care: Experience of New York's Long Term Home Health Care Program," *Gerontologist* 24 (August 1984): 380–86; Department of Social and Rehabilitation Services, *The Home and Community-based Services Program—Analysis of Services Provided and Costs Compared to*

Institutional Long Term Care Services (Kansas Department of Social and Rehabilitation Services, April 1984); Susan Hughes, David Cordray, and V. Alan Spiker, "Evaluation of a Long-Term Home Care Program," *Medical Care* 22 (1984): 460–75; Leonard Millar and Larry Walter, "Estimating the Savings Created by a Case Managed Long Term Care System" (paper prepared for the 111th annual meeting of the American Public Health Association, Dallas, 1983), Cynthia Polich, *Home Care in Minnesota: Issues and Future Directions* (Minneapolis: University of Minnesota, 1985); Albert Skellie, Florence Favor, Cynthia Tudor, and Richard Strauss, *Alternative Health Services Project: Final Report* (Atlanta: Georgia Department of Medical Assistance, January 1982); F. A Skellie, G. Mobley, and R. Coan, *Cost-Effectiveness of Community-based Long-Term Care: Current Findings of Georgia's Alternative Health Services Project* (Atlanta: Georgia Department of Medical Assistance, 1981).

3. Howard Palley and Julianne Oktay, *The Chronically Limited Elderly* (New York: Haworth, 1983), p. 130.

4. ADLs: bathing, walking, wheeling, transferring, eating, dressing, getting to and using toilet, and grooming; sensory: sight, hearing, speech, and communication; elimination: bowel and bladder.

5. Time 1 vs. Time 0: $t = 2.9$, $p < .01$; Time 2 vs. Time 0: $t = 4.3$, $p < .001$; Time 3 vs. Time 0: $t = 3.5$, $p < .01$.

6. Albert J. Wilson, *Social Services for Older Persons* (Boston: Little, Brown, 1984), p. 25.

7 Ibid., p. 25.

Family-centered, Home-based Services in Child Protection: A Review of the Research

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The permanency planning movement, with its renewed emphasis on placement prevention and family reunification, has created increased interest in family-centered, home-based services as a child protection modality. Although its advocates claim that the effectiveness of these services is well established, an examination of the available research leads to a far less conclusive result. This article outlines the development of family-centered, home-based services and discusses their application to child protection. Using findings from established programs and demonstration projects, the research on family-centered, home-based child protection services is critically reviewed, and suggestions for further study are proposed.

Child welfare legislation, as well as the practice literature, policy statements, and service guidelines, have long emphasized a family orientation. The primary goal of child welfare services is often described in terms of supporting and strengthening families as a means of preventing child placement. Although this principle of family preservation is firmly entrenched in the rhetoric of child welfare practice, actual transactions between the child welfare system and the family have been ambivalent, and sometimes, adversarial.[1]

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Over the last 3 decades, child welfare agencies have been criticized by professionals and the public for expending massive resources while providing care of questionable quality to children who have been removed from their own homes.[2] Recent legislative initiatives such as the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) and accompanying state legislation are, in part, a response to these criticisms.[3]

P.L. 96-272 represents a significant step in bridging the gap between the formal discourse of the child welfare system and its actual policies and practices. It embraces the principles of permanency planning, which call for a safe, family-like living situation for every child, and restructures the federal role in child welfare while requiring similar changes in state legislation.[4] This relatively recent legislation reflects efforts to forge a comprehensive approach to child welfare policy, although it does not completely eliminate areas of overlap.

The principle of family preservation is apparent in the amendments to the Child Welfare Services Program which attempt to direct funds away from substitute care. Under P. L. 96-272, Title IV-B funding above the 1979 level must go to services aimed at placement prevention. In order to be eligible for funding, the states are required to implement family reunification programs and work toward permanent plans for children who cannot return home. The most powerful element of this legislation places reimbursement for foster care subject to a judicial review aimed at determining whether agencies have made sufficient efforts toward preventing the placement or reuniting the family.

There is an increased interest and investment in developing and refining child welfare services aimed at family preservation. Family-centered, home-based services are among the options available for meeting current legislative requirements. They have gained attention over the last decade, and the question of their utility within public child welfare practice continues to be actively researched.

It is within this context of a renewed drive to keep families together and reunite those that have been separated that this article reviews the research on family-centered, home-based child protective services. While substitute care services consume the bulk of the system's human and financial resources, protective services represent the core of child welfare practice and operate as the main entry point into alternate living situations.[5] The children and families on protective services caseloads create difficult clinical and policy challenges. The current emphasis on family preservation as a principle for child welfare practice, combined with the challenges presented by this population, point to the need for an examination of family-centered, home-based services as a child protection modality.

The term "family-centered, home-based services" refers to a diverse collection of programs that are bound together by a common mission

and philosophical stance. They may be viewed as a subgroup of a wider array of programs aimed at placement prevention and family reunification in a variety of fields. Although these criteria are not entirely exclusive, family-centered, home-based services are distinguished from programs wtih similar goals by an ecological view that emphasizes the family, its members, and their social context as the target for change. Services are provided according to need rather than categorically, and are delivered primarily in the family's home.[6]

This article is concerned with programs that explicitly identify child protection clients as part of their target group. While it is recognized that abusive and neglectful families are involved in other service systems, the focus is on the role of family-centered, home-based services within the context of the child welfare system.

Antecedents of Family-centered, Home-based Services

Family-centered, home-based services are not so much a new practice methodology but rather a combination of some aspects of traditional social work practice with recently developed technologies from the fields of mental health, child welfare, and family services.

Meeting families in their own homes has long been a part of social work practice. The first generation of professional caseworkers, like their voluntary predecessors, operated almost exclusively through home visits.[7] They were primarily concerned with the provision of concrete services and recognized the advantages of home visits for both accurate observation and putting the family at ease. Considerable time and energy were also spent in mobilizing natural helping networks and coordinating community services.

Observing a child's home environment and providing concrete supplemental and supportive services as a means of maintaining children in their own homes has almost always been a limited part of formal child welfare practice.[8] Families receiving these services, however, tended to represent the lowest risks. They often displayed a higher level of functioning and enjoyed better social and economic conditions than most child welfare services recipients.[9] Consequently, the provision of concrete services was the intervention of choice for the least dysfunctional families. In many cases this was the only service provided, leading some to argue that children served in their own homes were being deprived of many of the advantages available to children in care and their families.[10] Services were aimed exclusively at assuring a minimum standard of care for the child, regardless of the needs of other family members. In contrast, children from families that would require a multitude of concrete and psychosocial interventions tended to be placed much more quickly. During the early days of child welfare practice, this occurred largely because foster care was considered to

be a temporary arrangement, and the necessary practice technology to help these families remain together simply did not exist. Contemporary child welfare services are just beginning to reverse this trend.

The notion of providing a combination of concrete and psychological interventions to families in their own homes was central to many of the special projects that were initiated to serve multiproblem families in the late 1940s and early 1950s. Among the first and most notable of these was the Family-centered Project of St. Paul, Minnesota.[11] This project was a joint effort of five voluntary agencies, each of which designated workers to carry reduced caseloads consisting exclusively of multiproblem families. These workers were mandated to transcend the usual boundaries created by their agencies' eligibility criteria by taking responsibility for all of the family's psychosocial needs.

Home visits were used widely, and the provision and coordination of comprehensive services formed the foundation of the interventive strategy.[12] Experiences from this 20-year demonstration project formed the basis for much of the current thought about treating multiproblem families.[13] The project demonstrated the practicability of a comprehensive casework approach and stressed the role of a primary worker who could become intimately acquainted with the needs of the entire family and the community. Although the St. Paul Project ended in 1957, it was the prototype for a number of efforts which continue to operate today.

Continuing evidence of the negative effects of institutionalization, combined with the discovery of psychotropic drugs, contributed to the development of the community mental health movement in the 1960s. Strengthened by the decriminalization of juvenile status offenses in the mid-1970s, the shift to treating difficult children and young adults while they lived with or near their families led to the development and refinement of a variety of methods.[14] Ideas from behavior modification and social learning theory were applied to the issues of child management, parent training, and special education. The concept of family relationships as contributors to mental health problems was recognized, and methods for treating the whole family were developed as one alternative to institutionalization.[15] Procedures for crisis intervention and other forms of brief treatment also grew out of a need to serve populations that would formerly have been treated in institutions.[16]

During the early 1970s, concern about the inappropriate use and negative effects of foster care crystallized and placement prevention became a major focus for the field of child welfare. Although the case against foster care may have been overstated, it was a major contributor to the shift toward attempting to maintain children in their own homes.[17] Amendments to the Child Welfare Services Act (Title IV-B) facilitated the initiation of several placement prevention demonstration projects

that have much in common with current family-centered, home-based services.[18]

The New York State Preventive Services Project is typical of these intensive casework efforts.[19] Special preventive service units were formed in two county welfare departments and seven voluntary child welfare agencies. Caseloads were small, usually 10 cases per worker. The project was concerned with both placement prevention and family reunification. Preventive cases were selected on the basis of the referring worker's judgment that a child was at imminent risk of being placed and that the family could benefit from intensive casework services.[20] Reunification cases were selected on the basis that a child's return home was likely to fail without these special efforts which the family was seen as capable of utilizing. Unfortunately, it is likely that all but the least extreme child protection cases were excluded on these bases.

Intensive casework consisted of counseling, information and referral, and the provision of concrete services such as homemakers and day care. Counseling was based on traditional casework concepts, as demonstrated by the designation of the mother as the primary client in the majority of the cases. Service lasted an average of 14 months, during which an average of 27 in-person contacts occurred between the caseworker and a family member.[21] This reflected approximately twice the amount of contact than clients in the regular agency service comparison group received, but much less than the amount of contact provided by most family-centered, home-based programs.

Follow-up evaluations were conducted at 1 year and at 18 months after the project began. An additional evaluation was conducted with a subsample 5 years later.[22] The experimental group consistently, but moderately, outperformed the control group in both placement prevention and reunification. The difference was more marked in the case of placement prevention. Further, it appeared that the experimental treatment significantly delayed the eventual placement of children who were ultimately taken into care. The benefits of this, however, are unclear. Most important, there was some basis for concluding that the success of the experimental treatment was due in part to the increased provision of a larger variety of concrete services.

These results, and others from similar projects, added strength to the movement toward a more comprehensive, family-oriented child welfare system.[23] Over the last decade, many child welfare agencies have implemented intensive casework programs as a means of preventing placement and reuniting families.[24] These programs, with a heavy emphasis on case management techniques, are intended to meet the various requirements of P.L. 96-272, which are aimed at ensuring that reasonable placement prevention efforts have been extended. There are, however, some important differences between intensive casework services and family-centered, home-based programs.

The first family-centered, home-based services emerged in the early 1970s as one response to the movement away from institutionalization in mental health and child welfare services.[25] While intensive casework services developed in the mainstream and adhered to relatively traditional practice principles, family-centered, home-based services emerged in a handful of voluntary agencies and have not appeared as part of public programs until very recently. They were a somewhat radical approach that did not fit easily into the prevailing pattern of categorical funding because they viewed the whole family as the target for intervention. Unlike the intensive casework efforts, home-based programs were less focused on case management and more involved with direct interventions on a more frequent basis. They drew heavily, however, on the lessons learned from the intensive casework projects, along with the newly emerging ideas of crisis intervention, family therapy, child management, parent training, and parent therapy. The passage of P.L. 96-272 and the subsequent establishment of a federally funded national resource center have moved these once idiosyncratic programs closer to the center of the child welfare system.[26]

Current Status

As they are currently conceived, family-centered, home-based services are characterized by an emphasis on preventing family dissolution through the ready provision of a broad array of psychological and concrete services. The locus of service is generally the natural settings in which the families interact.[27] Beyond these general features, however, the definitive elements of the model have not been identified. Consequently, there are currently at least 180 separate programs in the United States, consisting of demonstration projects and ongoing programs in the fields of mental health, child welfare, family service, juvenile justice, public health, and education, that define themselves as family-centered, home-based services.[28] In the absence of a commonly accepted criterion for differentiating family-centered, home-based services from other placement prevention efforts, these programs reflect a wide range of practice approaches.

Although family-centered, home-based services share the common goal of preservation, they can be divided into two groups according to their objectives. Some programs are crisis oriented and seek only to stabilize the situation to the extent that the less intensive services can become involved.[29] Other programs seek to reduce or eliminate the family's dependency on social services altogether.[30] It is not surprising that this variation in objectives results in significant differences in service delivery and program organization. Crisis-oriented services are targeted exclusively at families in various stages of active crisis, while independence-oriented services tend to serve families for which crises

have subsided. There appear to be concomitant variations in the duration, intensity, and range of services. Regardless, evaluations of both categories of programs are primarily concerned with placement status at the end of service.

The literature reports on a very small sample of these family-centered, home-based programs, only a fraction of which deal explicitly with child protection. Older programs, such as Homebuilders and PACT, are reported more often and have devoted more time to the development of an explicit intervention model.[31] Other programs, such as Alternative Treatment Associates, Maine Home-based Services, and Oregon's Intensive Family Service and High Impact Services, are closer to the formative stage.[32] In general, descriptions of comprehensive research efforts are conspicuous in their absence.

The enactment of P.L. 96-272 and subsequent federal support for the examination of home-based services, however, have recently prompted demonstration projects that include protective service clients in several states, including Minnesota, Nebraska, Virginia, and Wisconsin.[33] Preliminary data on these projects are available, but they lack sufficient descriptions of the actual program processes that are the independent variable in any assessment of the impact. It is interesting that the Minnesota project was the only one to include a control group, but its generalizability to child abuse and neglect is somewhat limited by the exclusion of families where a child was extremely likely to be placed within 3 months, even though it was carried out in a child protection service.

Given their comprehensive and intensive approach, home-based services would appear to be especially well suited for cases of child abuse and neglect. Yet many programs are simply not intended to serve this population, and others exclude them indirectly through their selection criteria.[34] Some programs that include maltreated children as part of a wider target group serve a relatively small number of them. For example, physically abusing families make up about 10 percent of the Homebuilders caseload.[35] Some services, however, such as PACT, are aimed exclusively at families on a protective service caseload.[36] Unfortunately, they rarely distinguish between abuse and neglect.

Current procedures for verifying and intervening in reported cases of child abuse and neglect provide some clues about the reasons for the relatively low frequency of maltreating families served by home-based programs. The emphasis on ensuring the child's immediate physical safety and the limited family intervention skills of child welfare workers create a bias toward out-of-home care.[37] Situations that are not serious enough to warrant immediate intervention are often closed at investigation, or referred to family service or mental health agencies. In addition, social workers are not likely to view seriously abusive

families as candidates for home-based services, although they may view neglectful families as more likely to benefit from such programs.[38] Overall, this limits the population of protective service families available for referral to family-centered, home-based services, a model that is designed to prevent imminent placement.

Nevertheless, a subgroup of family-centered, home-based programs that serve abusive and neglectful families can be identified. It is impossible, however, to describe a typical or representative program. Rather, this is a group of programs that are bound together by a common mission, basic philosophical position, and general theoretical orientation regarding family preservation.

Research

Although its advocates claim that the effectiveness and relative cost efficiency of family-centered, home-based services are well established, an examination of the available research leads to a less conclusive result. Research on home-based services is in its infancy, and although several trends appear to be emerging from a series of unrelated studies of varying quality, many questions remain unanswered.

An important question in regard to family-centered, home-based services is whether or not they are effective in preventing child placement without placing children at greater risk. Until quite recently, the only information available was derived from case records and was generally reported in the concluding paragraph of a program description.[39] While the reported rates of placement prevention were impressive, there was little information about the clients or specifics of intervention approaches. Placement rates were calculated according to the status of the child at termination, leaving questions about dropouts unanswered. When follow-ups were conducted, they tended to be short-term, and many families could not be located. While a positive impression about the programs may have been created, there remained little that was of use to policymakers and program planners.

Formal investigations about the effectiveness of family-centered, home-based services gained strength with the adoption of P.L. 96-272 and accompanying federal and state support for exploring alternatives to placements. These investigations, although flawed, are an improvement over simple reports of success rates. Their most serious limitation is the almost complete lack of comparison or control groups, making it impossible to determine if children would have entered foster care if they received a different service, or no service at all.

Giblin and Callard argue that there is sufficient clinical evidence to support the effectiveness of family-centered, home-based services, making the use of control or comparison groups questionable on ethical grounds.[40] They maintain that studying home-based services to families

who have been determined to be at imminent risk of having a child placed is the next best option. This argument is problematic, however, since it is impossible to assess the accuracy of determinations of risk without the use of a control or comparison group.[41] Even if high-risk families could be targeted accurately, several findings from controlled intensive casework studies contradict the assumption that determination of high risk is a reliable predictor of subsequent placement in the absence of special intervention. For example, only 23 percent of the children in the control group of the previously mentioned New York State Project entered care.[42] Later replications of this study report lower placement rates for children in the control groups.[43]

The lack of control groups, combined with inadequate descriptions of service activities, make it impossible to generalize reliably across programs. Placement rates and service eligibility, among other factors, vary with locality. The absence of a control or comparison group to indicate the usual experience in a given setting can lead to serious misinterpretations about the relative effectiveness of one program over another. Further, inadequate descriptions of various programs make it difficult to determine the possible effects of differences between programs related to the service itself, selection criteria, or methods of evaluation.[44] Given their methodological problems, the results of these studies must be approached cautiously. They are simply indicative of interesting trends that require vigorous verification.

Placement prevention and family reunification.—Despite their limitations, recent evaluations of family-centered, home-based services report relatively similar experiences regarding placement prevention. The State of Oregon's Intensive Family Service program serves families with children who have been approved for placement or who are judged to be at risk of placement.[45] Program staff carry eight to nine cases each and provide an average of 2 hours of service per week. Although the workers' activities are not well elaborated, they consist of techniques drawn from multiple impact therapy, crisis intervention, structural family therapy, communication therapy, social learning theory, and behavior modification. Clients can receive a maximum of 35 hours of service over a 3-month period.

Showell and Hartley reported on 212 families served by Oregon's Intensive Family Services, one-quarter of which were protective services cases.[46] Although it is not possible to determine what proportion of these cases involved abuse or neglect, 12 percent of the families in the sample had a child enter care during treatment. One year later, a total of 26 percent of the families had at least one child in care, indicating that some deterioration can be expected after termination. Nevertheless, regions that offered Intensive Family Services reported an overall decrease in the number of placements, while the other areas reported an overall increase. Although a number of alternative ex-

planations are possible, the investigators concluded that the programs were successful.

While Intensive Family Services are aimed at families who have been involved in the system for some time, High Impact Services offer similar services to families as they enter it.[47] Although the profile of presenting problems for the two programs is virtually identical, only 13 percent of the families served had a child in care when evaluated between 3 and 20 months after termination. Consequently, there appears to be some support for the notion of early intervention with high-risk families.

Hinckley and Ellis reported similar findings for six home-based programs in Maine.[48] Despite different orientations and staffing patterns, 76–95 percent of the families served by the various programs remained intact during treatment. Follow-up results from two programs indicate that the families continued to be stable for at least 6 months after termination. Although a more sophisticated analysis is forthcoming, additional information is available from only one program. The Bath-Brunswick Home-based Program served a total of 29 families, including nine cases of substantiated child abuse.[49] Eighty-one percent of these families remained intact 6 months after treatment ended. It is interesting that only three of the nine child-abusing families were intact at termination, and a fourth family had a child in care by the time of the 6-month follow-up. Thus, the placement prevention rate for child-abusing families was only 56 percent.

Leeds reported on a family-centered, home-based project in two Nebraska protective services units.[50] Thirty-seven families received an average of 5.6 hours of service per week. Workers carried a maximum of eight cases and provided crisis intervention, case management, counseling, and parent training. Homemakers were also used in a number of cases. All families were considered to be at imminent risk of having a child placed within 3 months and were new or recent referrals to protective services. Chronic, multiproblem cases were excluded. Placement prevention and reunification rates were calculated after cases were open an average of 155 days. Fifteen of the 29 cases targeted for placement prevention and two of the eight reunification cases were closed. Twenty-seven of the 29 children in the placement prevention group remained at home (93%), and three of the eight reunifications were successful (38%). When only closed cases were considered, placement was prevented in 15 out of 17 families (88%), and reunification was achieved in two out of four families. Unfortunately, later evaluatons of placement status have not been reported.

Landsman reported on 14 demonstration projects in Wisconsin.[51] While all programs targeted families at imminent risk of having a child placed, referral sources and program content varied widely and are

only minimally described. Only composite data are reported, making it impossible to examine the relationship between specific services and outcome. In total, 331 families, including 522 children at risk, were served. Fifty-seven percent of the sample consisted of single-parent families. Two-thirds of the sample had incomes under $10,000, and half of them were solely supported by public assistance. There was no analysis of presenting problems, and length of service ranged from 1 to 18 months, depending on the program. In all, 87 percent of the children considered to be at risk of placement were living with their families 3 months after termination. Reunification rates were considerably lower. Only 45 percent of the children targeted for reunification were with their families at the end of service, although this remained stable at follow-up.

The State of Virginia reported similar placement rates for its 14 demonstration programs.[52] Once again, the programs are diverse, and adequate descriptions are not available. Only composite data are reported. A total of 391 families with 718 children at risk received service for 1 to 12 months. The sample was characterized by approximately equal numbers of single-parent and two-parent families with limited resources and multiple problems related to parental functioning and child behavior. At the end of the data-collection period, 93 percent of the children who were considered to be at risk were still living at home. This reflected variable time between termination and evaluation, since all cases were evaluated 18 months after the projects began. In addition, children in a program who were placed during treatment spent an average of 5 months in care, as opposed to the state average of 6 months, suggesting the possibility that home-based services have some impact on the length of time spent in care.

While the experiences of these studies with reference to placement prevention are quite similar, they appear to be somewhat inflated in comparison with the only available controlled study. Lyle and Nelson reported on a family-centered, home-based demonstration project carried out in the Ramsey County, Minnesota, child protection service.[53] The data are based on 74 families who were randomly assigned to one of three traditional child protection units or to an experimental family-centered, home-based unit. The sample was predominantly single parent, white, and unemployed. Home-based services included a combination of counseling and concrete services provided primarily by the caseworkers. The traditional service was essentially a case-management model. It is not surprising that traditional service caseloads were generally twice the size of home-based caseloads, although cases in both groups remained open for an average of 10 to 12 months. Three months after termination, 67 percent of the families in the experimental group were still intact, while only 45 percent of the

families in the control group did not experience placement. Moreover, children in the experimental group who were placed spent significantly less time in care.

The Minnesota study is important for several reasons. It demonstrates that controlled, well-designed studies are possible in public child welfare settings. The selection criteria for the study required that children who were extremely likely to be placed in long-term care within 3 months be excluded. While this leaves the study open to accusations about selection bias, it also accentuates the spread between placement prevention in the uncontrolled studies, compared to the Minnesota study. In other words, the placement prevention rate in the Minnesota study was lower than that of the uncontrolled studies, even though it excluded the highest-risk cases. The fact that the excluded group received the same service as the control group and experienced a similar rate of placement (44%) adds support to the data, and lends credence to the argument that only a portion of high-risk cases end up in care, in the absence of interventions.

Impact on families.—The assumption that family-centered, home-based services prevent placement by improving family functioning is implicit in all programs. Relatively few programs, however, have examined how they affect family functioning, and no studies have evaluated the relationship between changes in family functioning and placement. When family functioning is examined, investigators generally rely on worker ratings from standardized or unstandardized scales. While part of the difficulty has to do with lack of reliable, easy to administer instruments, the link between improvements in family functioning and placement prevention is essential to the rationale for family-centered services. Failure to do so suggests that the results may be due to the implementation of a new program and the accompanying enthusiasm of its staff rather than to the efficacy of a particular model.[54]

The difficulty of examining the role of family functioning is especially apparent in the Minnesota study. It is clear from the difference in placement rates that the experimental treatment and traditional services had different effects. While data on changes in children's behavior and parental functioning were gathered, the authors report that the results of the analysis were inconclusive.[55] Although difficulties related to the size of the sample are cited, it would seem equally likely that the instrument simply did not capture those aspects of family functioning that were affected by the service.

Data from several of the uncontrolled studies suggest that there may be some validity to the notion that family-centered, home-based services have a measurable impact on family functioning. The Wisconsin study used standardized family functioning scales developed by the National Resource Center on Family-based Services.[56] Workers rated 31 items, divided according to social issues, parental issues, child issues,

and family relationship/management issues. Posttest scores showed improvement in 18 items including all of the parental issues and most of the family relationship management issues. Least affected were social issues, such as isolation and child behavior issues.

A similar instrument developed by the Child Welfare League of American was used in the Virginia study.[57] Workers rated 43 areas of family functioning that were weighted and combined to arrive at a global family functioning score, which was then segmented into three major categories: household adequacy, parental disposition, and child performance. Significant changes were most pronounced for parental functioning and least pronounced in regard to child performance. No changes were apparent in the area of household adequacy, which was essentially an indicator of environmental problems related to income.

Finally, Giblin and Callard studied 51 families involved with PACT, a comprehensive, university-based program that focuses exclusively on protective service cases.[58] The families in the sample were predominantly poor, black, and single-parent. Multiple measures of parental functioning, child development, and family functioning were taken over a 4-month period, although families are typically involved in the program for a much longer period. The instruments included both worker-rated and self-report scales. Analysis of the data revealed a decrease in the number and severity of problems related to parental lack of independence, parenting, adequacy of the home, use of community resources, and the child's emotional and social development.

Client characteristics.—A number of investigations have attempted to identify client characteristics that are associated with treatment outcome. A review of the data from several studies suggests some trends that are worthy of further examination. The information on client characteristics gives some indication that home-based services, like most models, are least helpful with poor, multiproblem families. Both Landsman and Leeds found that the presence of poverty and associated social problems was highly correlated to placement.[59] In addition, both studies found that prior placement of the identified child or a sibling was associated with child placement in the Nebraska study and was predictive of placement in the Virginia study.[60] Giblin and Callard observed that families with the least resources and the most problems showed the smallest gains in functioning during their 4-month evaluation.[61]

It is not surprising that presenting problems that are more closely associated with poor, multiproblem families were also related to placement. Specifically, Landsman noted the relationship of child maltreatment with unsuccessful outcome.[62] A similar relationship was noted in the Nebraska study and the Virginia study.[63]

Service characteristics.—The identification of service characteristics associated with outcome has been attempted from several vantage

points. As with the information related to client characteristics, there is some consistency across studies that is suggestive of directions for future research. Overall, however, no definitive relationships are apparent.

There is some evidence that the structure of family-centered, home-based services is related to case outcomes. Bryce asked clients, workers, and referring professionals to rate the attributes of an Iowa program in terms of their helpfulness.[64] Although there were no significant findings for the workers or referring professionals, clients rated design characteristics (service in the home, flexible hours, practical help) as more helpful than technique characteristics (teaching communication skills, help with expressing feelings, help with understanding behavior).

Haapala utilized a critical-incident technique to examine which aspects of the Homebuilders program were perceived as helpful by 41 mothers, the identified child, and their therapists.[65] The results of a discriminant analysis indicated that children who identified concrete services as helpful were less likely to be placed. For the mothers, a linear combination of the perceived helpfulness of concrete services, environmental influences, and the age of the child was predictive of the child remaining at home. Haapala speculates that the most reasonable interpretation of these findings is that Homebuilders may be best suited for families who have concrete needs that can be readily identified and met.[66]

Landsman found that the provision of parent aides was the only service characteristic associated with positive outcome, although the usefulness of this finding is limited by the diversity of services offered by 14 different programs.[67]

Several studies point to the role of small caseloads and intensive service as areas for further examination. The experimental workers in the Minnesota study carried half the number of cases as the other workers and consequently provided a monthly average of 29 hours of direct service per family, compared to 12 hours provided by workers in the control group.[68] Leeds found a positive relationship between small caseloads along with an average of 5 hours of service per week and children staying in the home.[69] Giblin and Callard also noted that the least change for PACT clients occurred with the cases where workers visited only once a week.[70]

Cost efficiency.—One of the most appealing aspects of the case presented in favor of family-centered, home-based services is the assertion that they are more cost effective than substitute care. Generally, the discussion regarding cost efficiency appears in one of two forms, both of which assume that the effectiveness of the model has already been demonstrated. Some programs compare their actual costs to the potential cost of substitute care, if all the children referred for service had been placed. This implies the questionable assumption that all of the children would have entered care in the absence of the program. Others calculate

the total cost of the program, add the cost of substitute care for those children who were placed, and base their comparison on the cost and rate of substitute care in their geographical area.[71] Regardless of the particular formula that forms the basis for extrapolations, the case for the cost efficiency of home-based services remains somewhat deficient.

There are a number of problems associated with the methods used in calculating the cost of family-centered, home-based services. Magura observes that the cost of placement prevention may involve services other than the home-based program.[72] Many programs employ outside resources, including short-term placement, as part of their treatment plan. Others direct their activities at stabilizing the situation to the extent that other services can take over. In addition, since most programs target children at risk of placement, some families may have received service prior to their involvement in a home-based program. These factors are absent in the current cost comparisons. Longitudinal information about the future need for placement or other services for any family member and its associated costs is also lacking.[73]

When cost comparisons are used as an argument for large-scale implementation of home-based services in public child welfare practice, other problems arise. For example, Hutchinson and Borah present data on four programs as part of a case in support of home-based services.[74] This analysis, however, fails to consider the costs associated with training staff or altering administrative structures, both of which are potentially expensive processes. In addition, public programs might have to deal with a much wider range of clients, including a larger proportion of families needing extended intensive services, thereby increasing costs.

The cost estimates of foster care may also be problematic. Magura suggests that the most expensive forms of care are often overused in projections of potential placement costs.[75] Similarly, Haugaard and Hokanson point out that while the initial stages of placement are relatively costly, maintenance costs are low in comparison to home-based services.[76] It is also possible that lower-cost placements may have been adequate for some children for whom home-based intervention failed, resulting in possible deterioration and the need for a higher level of substitute care.

Discussion

A lack of controlled studies, small sample sizes, and the absence of explicit descriptions of interventions make it impossible to support claims of the effectiveness of family-centered, home-based services for child protection. The current research literature, however, is useful in providing direction for future investigations. The identification of the essential elements of family-centered, home-based services is a

necessary first step in distinguishing them from other placement prevention efforts. Once that is accomplished, it is necessary to develop a typology that describes the variations in practice and forms the basis for meaningful comparisons between programs, thereby setting the stage for addressing the essential research questions. The salient dimensions of such a typology might include a consideration of the different auspices under which these programs operate, as well as an examination of their clientele, philosophical stance, conceptual bases, selection criteria, and goals and objectives. Perhaps most important, variations in service-delivery patterns, including definitions of intensity, comprehensiveness, and duration, should be addressed.

The research agenda for family-centered, home-based child protective services is long. Both summative and formative evaluations of process and outcome are needed. Well designed, controlled studies are necessary to determine whether or not the family-centered, home-based services offer a more effective alternative than present practice for this particular population. Within this context, variables such as child development, school performance, and subsequent abuse or neglect should be examined for clients in both groups.[77] In addition, current studies point to the need for distinguishing between placement prevention and family reunification, the latter appearing to be much more difficult to achieve. The stability of change over time and the optimal point of intervention also bear careful investigation.

The impact of programs on individual and family functioning and their links to placement outcome are crucial questions whose answers may lead to more effective matching of particular interventions with appropriately selected families. On the surface, it appears that these programs may be most effective in changing parental behavior, moderately effective at changing the child's behavior, and minimally effective in dealing with environmental issues related to poverty. While the latter may be more of a policy issue, this is a serious limitation in light of the current tendency for many child protective services to serve only the most dysfunctional families. Confirmation or rejection of these impressions is extremely relevant to the role of family-centered, home-based services in child welfare practice.

The identification of client and program characteristics that are associated with multiple indices of both success and failure are also necessary steps. The notion that family-centered, home-based services may be most effective with families displaying moderate levels of dysfunction is not particularly startling. The possibility that they are more effective than traditional service with families at any or all levels of dysfunction is currently an open question. Especially relevant are those findings suggesting that child abuse, child neglect, and prior placements are predictive of poor outcome.

It is also important that the relationship between service characteristics and outcome be examined for a variety of home-based service models. Smaller caseloads, allowing more intensive service, may be more effective regardless of what the service is. Alternatively, it may be true that the provision of practical, concrete services may help accomplish more than the most sophisticated psychological intervention. While it is more likely that the answer depends on the nature and severity of the problem, little is gained by providing counseling when clothing and food are also required.

Existing discussions of cost efficiency are too simplistic to be of significant use. The cost efficiency of home-based services may depend on the temporal frame. It is necessary to track and cost subsequent service utilization. If successful outcomes are not stable, the act of simply delaying placement is of questionable value both socially and financially. Alternatively, if home-based services are truly effective, they may be worth additional expenditures. Regardless, issues of cost efficiency are not very relevant unless service effectiveness can be demonstrated.

Attention should also be paid to formative issues. The applicability of family-centered, home-based services for children in need of protection has yet to be demonstrated. Given the current pressure for implementation of these services in public child welfare agencies, the preferred research strategy would be to institute a series of well designed and carefully evaluated demonstration projects. Large-scale projects are necessary in order to identify possible problems not encountered by early small-scale demonstration projects under private auspices. The support of the entire child welfare system, including line workers, supervisors, administrators, judges, attorneys, and legislators, must be secured in order to give the demonstrations a fair chance.[78]

Several organizational models should be developed and tested.[79] These programs may be best integrated into the current structure as special service units or may have to be central to the entire process beginning at intake and terminating when the case is closed. The projects should be staffed by existing child welfare personnel. Consequently, special attention will have to be paid to training child welfare workers in the techniques relevant to the model. Several staffing patterns should be examined. Teams may be more effective than individual workers. Some populations may require the use of specialists to support primary workers. Adjustments to caseload size and other responsibilities may also have to be considered. Finally, we must be open to learning from both our successes and our failures so that ineffective practices can be rejected and promising ones can be explored.

Family-centered, home-based services have the potential for contributing to the treatment of abusive and neglectful families in a way

that serves the best interests of all of the parties involved. It would, however, be a disservice to implement such programs without careful examination within the context of responsible but open experimentation. Family preservation is an honorable goal, but not if it occurs at the expense of society's most vulnerable members.

Notes

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1. Joan Laird and Ann Hartman, "The Context of Child Welfare: Introduction," in *A Handbook of Child Welfare: Context, Knowledge, and Practice*, ed. Joan Laird and Ann Hartman (New York: Free Press, 1985), p. 5.

2. See, e.g., David Fanshel and Eugene B. Shinn, *Children in Foster Care: A Longitudinal Investigation* (New York: Columbia University Press, 1978); Alan Gruber, *Children in Foster Care: Destitute, Neglected, Betrayed* (New York: Human Sciences Press, 1978); Jane Knitzer, Mary Lee Allen, and Brenda McGowan, *Children without Homes: An Examination of Public Responsibility to Children in Out-of-Home Care* (Washington, D.C.: Children's Defense Fund, 1978); Henry Maas and Richard Engler, *Children in Need of Parents* (New York: Columbia University Press, 1959).

3. Adoption Assistance and Child Welfare Act of 1980, Public Law no. 96-272, H.R. 3434, 94 Stat. 500 (June 17, 1980).

4. A detailed discussion of permanency planning is found in Anthony N. Maluccio, Edith Fein, and Kathleen A. Olmstead, *Permanency Planning for Children: Concepts and Methods* (New York and London: Tavistock, 1986).

5. Deborah Ann Daro, "Confronting the Crisis of Abused Children: Theory, Policy, and Practice" (D.S.W. diss., University of California, Berkeley, 1985), pp. 135–37; Frank Maidman, "Child Protection: Issues and Practice," in *Child Welfare: A Sourcebook of Knowledge and Practice*, ed. Frank Maidman (New York: Child Welfare League of America, 1984), pp. 16–31.

6. Marvin E. Bryce, "Home-based Care: Direction for the 80s," mimeographed (Oakdale: National Resource Center on Family-based Services, University of Iowa, School of Social Work, 1982), pp. 1–3.

7. Ann Hartman and Joan Laird, *Family-centered Social Work Practice* (New York: Free Press, 1983), pp. 11–15; Sandra M. Stehno, "Family-centered Child Welfare Services: New Life for a Historic Idea," *Child Welfare* 65 (May/June 1986): 231–40.

8. Stehno; Nancy Day Robinson, "Supplemental Services for Families and Children," in *A Handbook of Child Welfare: Context, Knowledge, and Practice*, ed Joan Laird and Ann Hartman (New York: Free Press, 1985), pp. 398–410.

9. Carmine J. Magazino, "Services to Children and Families at Risk of Separation," in *Child Welfare: Current Dilemmas, Future Directions*, ed. Brenda G. McGowan and William Meezan (Itasca, Ill.: Peacock, 1983), pp 217–19; Edmund A. Sherman, Michael H. Phillips, Barbara L. Haring, and Ann W. Shyne, *Services to Families in Their Own Homes: Its Nature and Outcome* (New York: Child Welfare League of America, 1973), pp. 114–15.

10. Joseph L Taylor, "The Child Welfare Agency as the Extended Family," *Child Welfare* 51 (February 1972): 77–78; Zitha R. Turitz, "Obstacles to Services for Children in Their Own Homes," *Child Welfare* 40 (June 1961): 3.

11. Charles J. Birt, "Family-centered Project of St. Paul," *Social Work* 1 (October 1956): 41–47.

12. Charles R. Horejsi, "The St. Paul Family-centered Project Revisited: Exploring an Old Gold Mine," in *Treating Families in the Home: An Alternative to Placement*, ed. Marvin Bryce and June C. Lloyd (Springfield, Ill.: Thomas, 1981).

13. Lisa Kaplan, *Working with Multiproblem Families* (Lexington, Mass.: Lexington Books, 1986), pp. 98–99.

14. Marvin Bryce, "Home-based Care: Development and Rationale," in *Home-based Services for Children and Families: Policy, Practice, and Research*, ed. Sheila Maybanks and Marvin Bryce (Springfield, Ill.: Thomas, 1979), pp. 13–15; Edward C. Hinckley and W. Frank Ellis, "An Effective Alternative to Residential Placement: Home-based Services," *Journal of Clinical Child Psychology* 14 (Fall 1985): 209–11; Stehno (n. 7 above), pp. 233–37.

15. Adele M. Brodkin, "Family Therapy: The Making of a Mental Health Movement," *American Journal of Orthopsychiatry* 50 (January 1980): 4–17.

16. Hinckley and Ellis, p. 210

17. Richard P. Barth and Marianne Berry, "Outcomes of Child Welfare Services under Permanency Planning," *Social Service Review* 61 (March 1987): 71–90. Although, as Barth and Berry demonstrate, the outcomes of foster care are often superior to maintaining children in their own homes, studies such as those cited in n. 2 promoted a negative view of foster care that continues to influence child welfare practice.

18. See, e.g., Harriet Goldstein, "Providing Services to Children in Their Own Homes," *Children Today* 2 (July/August 1973): 2–7; Josephine S. Hirsch, Jaquelynne Gailey, and Eleanor Schmerl, "A Child Welfare Agency's Program of Service to Children in Their Own Homes," *Child Welfare* 55 (March 1976): 193–201; Sherman et al. (n. 9 above).

19. Mary Ann Jones, Renee Neuman, and Ann W. Shyne, *A Second Chance for Families. Evaluation of a Program to Reduce Foster Care* (New York: Child Welfare League of America, 1976)

20. Theodore J. Stein, "Projects to Prevent Out-of-Home Placement," *Children and Youth Services Review* 7 (1985): 109–21. In his review of the New York State Preventive Services Project, along with several other projects, Stein notes that the reliability of worker judgments about risk for placement is far from assured.

21. Jones et al. (n. 19 above), pp. 53–62.

22. Mary Ann Jones, *A Second Chance for Families, Five Years Later: Follow-Up of a Program to Prevent Foster Care* (New York: Child Welfare League of America, 1985).

23 Jones (ibid.) reviews these studies.

24. See, e.g., John V. Compher, "Home Services to Families to Prevent Child Placement," *Social Work* 28 (September/October 1983): 360–64; Elizabeth A. Lawder, John E. Poulin, and Roberta G. Andrews, *Helping the Multi-Problem Family: A Study of Services to Children in Their Own Homes* (Philadelphia: Children's Aid Society of Pennsylvania, 1984); Elsa Ten Broeck and Richard P. Barth, "Learning the Hard Way: A Pilot Permanency Planning Program," *Child Welfare* 65 (May/June 1986): 281–94

25. June C. Lloyd and Marvin E. Bryce, "*Placement Prevention and Family Reunification: A Handbook for the Family-centered Service Practitioner*," mimeographed (Iowa City: National Resource Center on Family Based Services, University of Iowa, 1984), pp. 3–4.

26. National Resource Center on Family Based Services, University of Iowa, Oakdale Campus, N118 OH, Iowa City, Iowa 52242.

27. Marvin Bryce, "Home Based Family Centered Care: Problems and Perspectives," in *Treating Families in the Home: An Alternative to Placement*, ed. Marvin Bryce and June C Lloyd (Springfield, Ill.: Thomas, 1981), p. 7.

28. See, e.g., National Resource Center on Family Based Services, *Annotated Directory of Selected Family-based Service Programs* (Iowa City, Iowa: Author, 1985).

29. See, e.g., Jill Kinney, "Homebuilders: An In-Home Crisis Intervention Program," *Children Today* 7 (January/February 1978): 15–17, 35; William H. Showell, "1983–85 Biennial Report of CSD's Intensive Family Services," mimeographed (Children's Services Division, Salem, Oreg., April 5, 1985).

30 See, e.g., Kaplan (n. 13 above), pp. 72–74; Mary Jane S. Van Meter, "An Alternative to Foster Care for Victims of Child Abuse/Neglect: A University-based Program," *Child Abuse and Neglect* 10 (1986): 79–84.

31. Patricia Morin, "The Extended Family Model: Increasing Service Effectiveness," in *Treating Families in the Home: An Alternative to Placement*, ed. Marvin Bryce and June C. Lloyd (Springfield, Ill.: Thomas, 1981); Jill Kinney, Daivd Haapala, Charlotte Booth, and Associates, "Behavioral Sciences Institute: Overview of the Homebuilders Model" (Federal Way, Wash.: Behavioral Sciences Institute, n.d.).

32. Neal D. Sheeley, "Home-based Alternative for Abusive Families," mimeographed (Iowa City, Iowa: National Resource center on Family Based Services, 1984); Hinckley and Ellis (n. 14 above); William Showell, Marcia Allen, and Ted Keys, "The Oregon

Intensive Family Services (IFS) and High Impact Family Treatment Model," mimeographed (Children's Services Division, Salem, Oreg., December 6, 1983).

33. Charles G. Lyle and John Nelson, "Home Based vs. Traditional Child Protection Services: A Study of the Home Based Services Demonstration Project in the Ramsey County Community Human Services Department," mimeographed (July 27, 1983); Stephen J. Leeds, "Evaluation of Nebraska's Intensive Services Project: Lincoln and McCook, Nebraska, March 1983–February 1984," mimeographed (Iowa City: National Resource Center on Family Based Services, University of Iowa, School of Social Work, March 27, 1984); State of Virginia Department of Social Services, "A Preliminary Report on the Placement Preventive Services Grant Evaluation," mimeographed (Iowa City: National Resource Center on Family Based Services, University of Iowa, School of Social Work, December 1985).

34. For example, Homebuilders requires that at least one parent agree to their involvement and that no family member refuses to consider the option of keeping the family intact. PACT requires that the safety of the home be established before they get involved. In both cases, underorganized, abusive, and neglectful families are likely to be among those that do not meet these requirements.

35. Kinney et al. (n. 31 above), Table IV.

36. Rebecca J. Cabral and Esther D. Callard, "A Home-based Program to Serve High-Risk Families," *Journal of Home Economics* 74 (Fall 1982): 14–19.

37. Joan Laird, "An Ecological Approach to Child Welfare Issues of Family Identity and Continuity," in *Social Work Practice: People and Environments*, ed. Carel B. Germain (New York: Columbia University Press, 1979), p 1982; Barbara J. Meddin and Ingrid Hansen, "The Services Provided during a Child Abuse and/or Neglect Investigation and the Barriers That Exist to Service Provision," *Child Abuse and Neglect* 9 (1985): 175–82.

38. Bryce (n 6 above), pp. 3–4; Diane Reichertz, Harvy Frankel, and Linda Kislowicz, "Family Environments of a Child Welfare Population," mimeographed (Montreal: McGill University, School of Social Work, 1984).

39. See, e.g., Jill McCleave Kinney, Barbara Madsen, Thomas Flemming, and David A. Haapala, "Homebuilders Keeping Families Together," *Journal of Consulting and Clinical Psychology* 45 (August 1977): 667–73; Morin (n. 31 above); National Clearinghouse for Home-based Services to Children and Their Families, "Review of Research on Home Based Family Centered Programs," mimeographed (Oakdale: University of Iowa, School of Social Work, n.d.).

40. Paul T Giblin and Esther Dean Callard, "Issues in Evaluation of Action Research A Social Service Model," *Social Work Research and Abstracts* 16 (Winter 1980): 10.

41 Ludwig Geismar, "Home-based Care to Children: Harmonizing the Approaches of Research and Practice," in *Home-based Services for Children and Families Policy, Practice, and Research*, ed. Sheila Maybanks and Marvin Bryce (Springfield, Ill: Thomas, 1979), pp. 328–32.

42. Jones et al. (n. 19 above), pp. 101–3; Jones (n. 22 above), p 86 Of the children who were at home during the beginning of the project, 77% of the control group were at home at the 6-month follow-up. Five years later, 54% of a subgroup of these children had not entered care.

43. Jones (n. 19 above), pp. 25–37. Jones surveys four federally funded projects modeled after the New York State Project. Although placement status was evaluated at various points and selection criteria were not uniform, no more than 11% of control group children in any of the projects entered care.

44. Jones (n. 19 above), pp. 35–37; Stein (n. 20 above). Stein also points out that changes in policy make it difficult to compare the results of projects carried out at different points in time.

45. State of Oregon, Children's Services Division, "The Oregon Intensive Family Services (IFS) Family Treatment Model," mimeographed (Children's Services Division, Salem, Oreg., March 9, 1983).

46. William H. Showell and Ronald Hartley, "Report of CSD Intensive Family Services," mimeographed (Children's Services Division, Salem, Oreg., February 3, 1983).

47. Showell (n. 29 above).

48. Hinckley and Ellis (n. 14 above).

49. Bath-Brunswick Area Mental Health Center, "Home Based Services Program: Third Year Evaluation," mimeographed (Brunswick, Maine, 1983).
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54. This possibility was suggested by Richard P. Barth, School of Social Welfare, University of California, Berkeley.
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56. Landsman (n. 33 above).
57. State of Virginia (n. 33 above), the Level of Family Functioning Rating Sheet, p. 4.
58. Giblin and Callard (n. 40 above).
59. Landsman (n. 33 above), p. 51; Leeds (n. 33 above), pp. 33–35.
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61. Giblin and Callard (n. 40 above), p. 10
62 Landsman (n. 33 above), p. 53.
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64. Marvin E. Bryce, "Client and Worker Assessment of Home-based Services," mimeographed (Iowa City: National Resource Center on Family Based Services, University of Iowa, School of Social Work, 1982).
65 David Haapala, "Perceived Helpfulness, Attributed Critical Incident Responsibility, and a Discrimination of Home-based Family Therapy Treatment Outcomes Homebuilders Model," mimeographed (Federal Way, Wash.: Behavioral Sciences Institute, 1983)
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67 Landsman (n. 33 above), p. 50.
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71. Janet Hutchinson and Kathleen Borah, "A Comparative Analysis of the Costs of Substitute Care and Family Based Services," mimeographed (Oakdale: National Resource Center on Family Based Services, University of Iowa, School of Social Work, July 1982), p 2.
72. Stephen Magura, "Are Services to Prevent Foster Care Effective?" *Children and Youth Services Review* 3 (1981): 199.
73 Marvin E. Bryce and June C. Lloyd, "Placement Prevention—Family Reunification: A View from the Child Welfare Sector," mimeographed (Iowa City: National Resource Center on Family Based Services, University of Iowa, School of Social Work, 1982), pp. 7–11. If, as Bryce and Lloyd argue, these services are more cost effective partly because all family members are served, the future service needs of all members should be included in longitudinal studies of cost effectiveness.
74. Hutchinson and Borah (n. 71 above).
75 Magura (n 72 above), p 199
76. John Haugaard and Barry Hokanson, "Measuring the Cost-Effectiveness of Family-based Services and Out-of-Home Care," mimeographed (Oakdale: National Resource Center on Family Based Services, University of Iowa, School of Social Work, 1983), p. 17
77. Successful placement prevention and family reunification should not be the only outcome criteria. As Barth and Berry (n. 17 above) note, children who have been maintained or returned to their own homes may not perform as well as those in foster care when development, school performance, and subsequent maltreatment are assessed.
78. Edna McConnell Clark Foundation, *Keeping Families Together. The Case for Family Preservation* (New York: Author, 1985), pp. 27–30.
79 Janet R. Hutchinson and Kristine E. Nelson, "How Public Agencies Can Provide Family-centered Services," *Social Casework* 75 (June 1985). 367–71, Lloyd and Bryce (n 25 above).

Residential Group Care for Children Considered Emotionally Disturbed, 1966–1981

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Trends in the organized provision of residential group care for children considered emotionally disturbed are identified in data collected by two national surveys carried out 15 years apart, in 1966 and in 1981. Major findings include a marked increase in the use of this form of care and a shift toward the use of smaller facilities for briefer periods of time. Competing alternative explanations for these and for other changes over time, observed in the data, are considered and implications for the future are discussed.

During the 1970s, considerable public criticism was directed toward the use of residential group care facilities for children.[1] Juvenile detention and correctional facilities in particular and large public facilities for almost any group of troubled children were viewed as generally undesirable for several reasons. They provided congregate rather than

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individualized care, they distanced children geographically and psychologically from their nuclear and extended families, they served—unintentionally—as training schools for the acquisition of a variety of antisocial behaviors, and they failed to demonstrate success in affecting the postinstitutional behavior of the children who passed through their programs.[2]

As more states began to divert or remove children from their public detention and correctional facilities, concern about the quality and efficacy of residential group care expanded to include many privately operated residential group care facilities, including those for residential treatment of children considered emotionally disturbed.[3] These were facilities with programs of treatment that seemed promising for many children in trouble for status offenses and minor delinquent behaviors who were being diverted or removed from public juvenile justice facilities. Facilities with such treatment programs, however, were believed to be more expensive to operate (per child) than were detention and correctional facilities. In addition, many of them had established patterns of providing residential treatment for relatively long periods of time.[4]

In hindsight, the "deinstitutionalization movement" may have been propelled as much by cost-consciousness as it was by concern for quality of care. But the real concern for quality of care certainly was linked to several other ideas about the provision of specialized services for dependent, disabled, and deviant people in general and for children in particular. "Community-based care," "community mental health," "permanency planning," "the right to treatment," "mainstreaming," and "normalization" were conceptions that influenced legislation, litigation, and practice in children's services in the 1960s and 1970s.

Dore and Guberman-Kennedy aptly named their review of this 20-year period "Two Decades of Turmoil."[5] "As the deinstitutionalization effort gained momentum, the absences of appropriate and sufficient residential and nonresidential community-based programs to meet the needs of a formerly institutionalized clientele became glaringly apparent."[6] The general question they raised then was, How would the climate of public opinion, new ideas about treatment of troubled children, and shifts in the patterns of services and their funding affect the field of residential group care?

It was in this context that the authors and their colleagues planned the second privately conducted census of children's residential group care facilities. Data were collected from the autumn of 1981 through the early months of 1982. The survey covered nine kinds of residential facilities: those for children considered (1) dependent and neglected or abused, (2) delinquent, (3) status offenders, (4) emotionally disturbed, (5) mentally ill, in need of services due to (6) pregnancy or (7) substance abuse, and those considered in need of (8) temporary shelter or (9) detention. The main objective of the survey was to provide an accurate

and comprehensive description of the facilities and their programs to summarize some general characteristics of the children and youth served, and to present information on the kinds of services provided. In addition, since one of the authors had directed the first such census of children's residential group care facilities in 1966, every reasonable attempt was made to replicate the research procedures and questions of the first census so that comparisons could be made.[8]

Facilities for Children Considered Emotionally Disturbed

The focus of this article is on those residential group care facilities for children and youth that identified themselves as being primarily for the care of children considered emotionally disturbed.[9] Selected findings for facilities in the other categories have been reported elsewhere.[10] The more exclusive focus of this article is due largely to the fact that the number of residents in facilities for children considered emotionally disturbed appeared to undergo the most dramatic increase between 1966 and 1981. This article, then, reports selected findings from the 1981 census and, when possible, compares these findings with those from the first census carried out in 1966. Trends that appear to have begun during the intervening 15-year period are identified in five areas: number and size of facilities, types of problems and degree of disturbance among residents, functional complexity of the facilities, selected characteristics of the facilities' programs, and average length of stay.

Number and Size of Facilities

In tables 1 and 2 the number of residential group care facilities and the number of children they reported to be in residence on a single

Table 1

NUMBER OF RESIDENTIAL GROUP CARE FACILITIES FOR CHILDREN CONSIDERED EMOTIONALLY DISTURBED—BY AUSPICES

Auspices	1966	1981
Public	(24)	(70)
State	17	40
Local	7	30
Private	(283)	(610)
Protestant	74	123
Catholic	50	86
Jewish	25	20
Secular	119	343
Proprietary	15	38
Total	307	680

NOTE.—Subtotals are shown in parentheses.

Table 2

NUMBER OF CHILDREN REPORTED IN RESIDENCE AT FACILITIES FOR CHILDREN CONSIDERED EMOTIONALLY DISTURBED—BY AUSPICES

Auspices	1966	1981
Public	(2,938)	(1,512)
State	2,452	884
Local	486	628
Private	(10,938)	(18,885)
Protestant	2,474	3,140
Catholic	2,917	3,030
Jewish	855	821
Secular	4,277	10,781
Proprietary	415	1,113
Total	13,876	20,397

NOTE.—Subtotals are shown in parentheses.

day are summarized for both 1966 and 1981. The number of facilities increased more than twofold overall, from 307 in 1966 to 680 in 1981. The largest numerical increase occurred among facilities under secular (private, nonprofit) auspices. There had been growth in the number of proprietary (private, for profit) and publicly operated facilities as well, although the numbers still are relatively small. The number of facilities operating under Protestant and Catholic auspices increased also, but not as dramatically as those in the other categories.

The number of children reported at the two points in time also increased substantially overall (by 6,521), especially at facilities operating under secular auspices. There were smaller increases in the number of children residing in facilities operating under other private auspices, most notably those that were proprietary. In contrast, the number residing in state-operated facilities declined by two-thirds.

What trends in residential group care for children considered emotionally disturbed are suggested by these data collected at two points in time 15 years apart? One major trend appears to have been that residential group care for children considered emotionally disturbed has been a "growth sector" within the field of residential group care for children. That growth was substantial both in number of facilities (an increase of 373) and number of children in residence on a given day (an increase of 6,521). Only one other category surveyed showed increases near this magnitude: facilities (or inpatient units) providing psychiatric care for children considered mentally ill or emotionally disturbed.[11]

A second major trend was the emerging dominance of facilities operating under secular (private, nonprofit) auspices. The 119 facilities operating under secular auspices in 1966 comprised 39 percent of all

Table 4

LEVEL OF EMOTIONAL DISTURBANCE OR BEHAVIOR PROBLEM REPORTED FOR CHILDREN IN FACILITIES FOR CHILDREN CONSIDERED EMOTIONALLY DISTURBED

Level of Disturbance	1966* (%)	1981† (%)
Severe	27.5	34.6
Moderate	47.4	46.9
Mild	21.1	16.8
None	4.0	1.7

NOTE.—(%) = percent of children.
*N = 13,597.
†N = 20,381.

of what may have influenced respondents' perceptions of disturbance can be obtained from an additional question asked in 1981. The question provided a list of 17 problems, conditions, or patterns of behavior and asked the respondent to estimate the proportion of children in care having each of these. The aggregate responses are in table 5.

Over half of the children in residence had been physically, sexually, or emotionally abused; they were depressed, had family problems,

Table 5

PROBLEMS, CONDITIONS, OR PATTERNS OF BEHAVIOR, 1981: PERCENT OF CHILDREN IN FACILITIES FOR CHILDREN CONSIDERED EMOTIONALLY DISTURBED

Problems, Conditions, or Patterns of Behavior	Estimated Percentage of Children in Care
Violent to self/suicidal	13.6
Violent toward others	26.4
Abused physically, sexually, or emotionally	51.0
Depressed	59.7
Difficulties in peer relationships	75.4
Family problems	80.2
Property theft or destruction	35.2
Disruptive behavior	54.1
Alleged or adjudicated delinquency	24.9
Learning and perceptual problems	49.9
Chronic physical illness	8.2
Mentally retarded	9.6
Thought disorders and bizarre behavior	21.8
Physical handicap	6.4
Drug or alcohol abuse	25.9
Environmental problems beyond family control (e.g., death)	14.8
Problems relating to sexuality	18.6

NOTE.—Since children typically present more than one problem, condition, or pattern of behavior, percentages sum to more than 100.

Table 3

AVERAGE NUMBER OF CHILDREN PER FACILITY—BY AUSPICES

Auspices	1966	1981
Public	(122)	(22)
State	144	22
Local	69	21
Private	(39)	(31)
Protestant	33	26
Catholic	58	35
Jewish	34	41
Secular	36	31
Proprietary	28	29
All facilities	45	30

NOTE.—Numbers are quotients of figures in table 2 divided by corresponding numbers in table 1. Numbers in parentheses are subtotals computed in the same way.

facilities for emotionally disturbed children and housed 31 percent of all children cared for in facilities of this kind. By 1981, the 343 facilities operating under secular auspices made up 50 percent of the total and were providing care to 53 percent of the children. In contrast, the proportion of all sectarian facilities (Protestant, Catholic, and Jewish) and the proportion of all children cared for in them declined. Overall, the pattern between 1966 and 1981 for children and youth reported in residence is one of decline in the number living in publicly operated facilities and an increase in the number living in private (particularly secular) not-for-profit facilities.

A third trend is suggested by the average number of children per facility, as displayed in table 3. The figures, the result of dividing the numbers in table 2 by those in table 1, reveal a trend toward smaller facilities that is consistent across nearly all auspices.[12]

Types of Problems and Degree of Disturbance among Residents

Table 4 presents information for both years about the perceived level of emotional disturbance or of behavior problems of children in residence. The following question was asked: "Among the children/youth currently in residence in your facility, about what proportion would you classify at each of the following levels of emotional disturbance or disordered behavior?" Respondents entered proportions for each of the four categories: severe, moderate, mild, none.[13]

At facilities primarily for children considered emotionally disturbed, the proportion of children considered severely disturbed increased from 27.5 percent in 1966 to 34.6 percent in 1981. Some understanding

showed difficulties in their peer relationships, and presented disrupt behavior. Nearly half were judged to have learning or percepti problems. A substantial proportion was reported to be violent towa others (26.4%), to be abusers of drugs or alcohol (25.9%), and manifest thought disorders or bizarre behaviors (21.8%).

For the director and staff of even a relatively small facility, t programmatic implications of these percentages are considerable. T management, supervision, programming, and treatment required f an average daily population of 30 children with such problems, co ditions, or patterns of behavior present a complex challenge indee Some of the programs these children may require include spec education; individual, family, and group treatment; control and e ucation regarding substance abuse; suicide prevention; and a varie of resocialization efforts.

Functional Complexity of the Facilities

In both 1966 and 1981 each facility was asked to report the numb of functions it performed in addition to its primary function. In 196 one-half of the facilities with the primary function of providing ca and treatment to children considered emotionally disturbed report one or more additional functions. By 1981, the proportion increas to 83 percent.

Table 6 presents the percentage of facilities performing additior functions in each year, by specific function. The more striking figu are for 1981. Half or more of the facilities primarily for the care children considered emotionally disturbed reported that they we also providing residential care to dependent and neglected childr

Table 6

Residential Functions Performed in Addition to the Primary One, 1966 and 1981: Percentage of Facilities Reporting Each Additional Function

Function	1966*	1981†
Care of dependent and neglected children	20.5	58.4
Care of pregnant adolescents	1.3	5 6
Temporary shelter	4 6	13.4
Care of delinquents	N.A.	53.5
Care of status offenders	N.A.	49.7
Care of predelinquent or delinquent children	32.9	N.A
Detention	2.3	3.4
Substance abuse	N.A.	38.7
Psychiatric care	11.7	30 2
Care of mentally retarded/developmentally disabled	4.6	14.0
Physically handicapped	1 6	3.5

*N = 307.
†N = 680.

Table 7

PARTICIPATION IN COMMUNITY ACTIVITIES, 1966 AND 1981: PERCENT OF CHILDREN AND YOUTH PARTICIPATING

Activity	1966	1981
Attending community schools	45.4	34.8
Paid chores or jobs	14.7	22.4
Use parks or playgrounds	68.1	71.3
Visit museums	58.7	70.5
Use libraries	36.0	49.7
Attend sports events, dances	47.7	34.4
Go to movies	72.7	83.3
Visit friends' homes in neighborhood	31.3	26.6
Shop in neighborhood stores	63.3	74.3
Shop in downtown stores	55.2	62.7

(58.4%), to delinquent children (53.5%), and to status offenders (49.7(Over one-third (38.7%) were caring for children abusing drugs alcohol. Residential psychiatric care was an additional function for percent.

The increases in these proportions between 1966 and 1981 sugg that, as a group, facilities for children considered emotionally disturb have become functionally more complex over time. As this populati of children has become more difficult, the group of residential facilit responsible for its care has responded by increasing the number a variety of additional functions reported. We have interpreted this mean that as the correlates (and potential causes) of emotional c turbances in children have become more apparent over time, facilit for the residential treatment of children considered emotionally d turbed have, in response, become functionally more complex. alternative interpretation is that such facilities have begun accepti children from several different populations (e.g., delinquents, stat offenders, and substance abusers), in addition to accepting those cc sidered emotionally disturbed, and the facilities have added functic in order to care for them.

Residents' Participation in Community Activities

Some data from both surveys suggest that facility programs becaı more community based in certain ways, and less so in others, even they became more complex functionally. For example, table 7 provic information on the proportion of youth in residence participating selected community activities in 1966 and in 1981. The proporti reported participating is larger in 1981 for all but three of the listed activities. Only the proportion of children attending scho sports events, and dances, or visiting friends' homes in the communi

Table 8

AVERAGE LENGTH OF STAY, 1966 AND 1981: PERCENT OF FACILITIES FOR EACH INTERVAL

Length of Stay	1966*	1981†
Less than 6 months	1.7	9.0
6 months to 1 year	8.3	30.1
1 year to 2 years	43.7	46.5
2 years to 3 years	33.4	11.8
3 years or longer	12.9	2.6

*N = 302.
†N = 668.

declined for 1981 compared to 1966. Perhaps in certain aspects of their programming these facilities became less community based over time. It may be that the mixed pattern of change in participation in community activities is related in part to the fact that in 1981 more of the children presented more severe levels of emotional disturbance or disordered behavior.

Average Length of Stay

One of the more dramatic changes that has taken place is the reduction in average lengths of stay. Table 8 shows the proportion of facilities reporting the average length of stay for children in residence in terms of five intervals. In 1981 almost 40 percent of these facilities reported an average length of stay of less than 1 year. Another 43.7 percent reported average stays of 1–2 years. Only a small proportion (14.4%) reported average stays of 2 years or more.

This is in marked contrast to the pattern for 1966. At that time, 46.3 percent of the facilities reported average stays of 2 years or more, and 43.7 percent reported average stays of 1–2 years. Just 10 percent reported average stays of less than 1 year. This shift toward briefer stays is even more remarkable given the higher proportion of more disturbed children reported in residence by these facilities.

Summary of Selected Findings

The selected findings from the two censuses can be summarized as follows:

1. The demands for deinstitutionalization, normalization, permanency planning, and cost containment did not eliminate the organized provision of residential group care for children considered emotionally disturbed. There were more such facilities and more children in them in 1981 than there had been in 1966.

2. However, organized provision of residential group care for emotionally disturbed children appears to have shifted to increased use of smaller facilities and of facilities operating under private, nonprofit auspices.

3. The children currently being accepted into residential group care facilities of this type appear to bring with them a more severe and more complicated array of problems, conditions, patterns of behavior, and levels of disturbance.

4. The facilities, as though in response, have become functionally more complex and, in certain ways, more involved in the communities in which they are based.

5. The average length of stay for children accepted into these facilities has dropped markedly: 85 percent of the facilities now report average stays of less than 2 years, and half of those report average stays of less than 1 year.

Discussion

Many readers will want to know why there was such growth in the number of residential group care facilities for children considered emotionally disturbed, particularly during an era in which deinstitutionalization was such a prominent concern. Since the surveys were not designed to address that question, we cannot say—despite the temptation to treat comparable cross-sectional data from two points in time as though they were generated by a longitudinal study. Lerman and others have made several attempts to discern what patterns may have evolved over time among child- and youth-serving systems of care and why.[14]

It seems plausible to hypothesize that the diversion and removal from correctional settings of all status offenders and of some delinquents may have contributed to an increase in the number of facilities for children considered emotionally disturbed and to the number of children in them. However, this is a very complex hypothesis, involving, as it does, at least four service sectors (child welfare, juvenile justice, mental health, and substance abuse), both public and private providers of care, multiple sources of funding (federal, state, local, and private insurance), and numerous decision makers. It seems unlikely that a thorough study, even if one could be designed and financed, would yield one nationally generalizable finding. We are more inclined to agree with Lerman that "careful examination of proximate variables [local patterns of decision making and financing] may offer a more strategic approach to enhancing our understanding of how American society copes with the various deviant activities of its youth."[15]

Another question is how facilities for children considered emotionally disturbed have been able to care for more seriously disturbed children

when they are in residence for shorter periods of time. This, we believe, is a very important question for further research. From our data, we can only say that during the 15-year period between the two surveys, the organized provision of residential group care for children considered emotionally disturbed began to undergo a significant transformation along this and the other dimensions we have identified. This transformation would appear to have important implications for the future of those working in this field. And it is to these implications that we now turn.

Implications for the Future

It may seem presumptuous to speculate about the future of a field that changed in such dramatic ways during the 15 years between the two surveys. In retrospect, the changes we have noted were probably the result of multiple and interacting forces that are only now beginning to be understood. The surveys, of course, were not designed to study change per se. They were "snapshots"—cross-sectional views of residential group care at two different points in time. Still, the data from them reveal changes that have taken place, more clearly on some dimensions than others, and these data provide an opportunity for informed speculation about what the future might hold.

First, the trend toward use of smaller facilities, frequently operating under private nonsectarian auspices, probably will continue. This trend reflects, we think, an increased preference on the part of state governments to purchase rather than to provide residential group care. The trend further reflects the higher costs of constructing large facilities, and may foreshadow a reduced role for organized religion in benevolent work of this kind.

Proprietary (private, for profit) facilities are growing at a faster rate than private nonprofit facilities. The proprietary category may command an even larger share of the residential group care market in the future. This will probably depend on whether third-party insurance carriers will cover all or some portion of the costs for treatment of certain forms of emotional disturbance.

Second, as social agencies continue to move toward providing residential group care to children through smaller facilities, the sites will, we believe, be dispersed geographically throughout a community instead of being located at, or immediately around, a single address. This organizational format will probably require centralization of a variety of supportive, remedial, rehabilitative, and clinical services that "travel out" to the residents in the facilities. In this format these same services could also be made available more readily to children prior to their admission to, and following their discharge from, residential programs.

Third, average lengths of stay will continue to decline at many facilities, primarily in response to rising costs of care. It is possible that for an ever-larger number of children and their parents, residential group care will become but one brief episode within a relatively prolonged experience as consumers of services and treatments of several kinds. In some ways, this pattern exists now in inpatient psychiatric, alcohol, and drug abuse programs for children (also surveyed but not reported here). These are facilities that provide brief, intensive, high-cost (but reimbursable) programs of care and treatment, often preceded by outpatient and day treatment services and followed by highly structured and closely monitored aftercare services. The evolution in this direction of residential treatment for children considered emotionally disturbed seems likely.

Fourth, in order for the field to have some influence on its own future, it may have to revise its view of emotional disturbances in children. That is, it may be more useful to consider the emotional disturbances of children presented for residential treatment as a handicap or disability similar to chemical dependency and to some forms of mental illness and mental retardation: a chronic, disabling condition to be adjusted to, and compensated for, rather than cured. From this perspective, brief episodes of residential care—such as hospitalization for other kinds of problems—may be necessary to stabilize, assess, reassess, and mobilize resources. The treatment, however, would, in large measure, be provided through the creation of integrated networks or systems of care to function as "prosthetic environments."[16] In this format, the guiding ideas of traditional residential treatment would extend beyond the walls of a facility to encompass each child's life with family, with peers, and with others at school, at work, and at play.

Notes

1. See Martha Dore and Karen Guberman-Kennedy ("Two Decades of Turmoil: Child Welfare Services, 1960–1980," *Child Welfare* 60 [June 1981]: 371–82) for a review of the major issues that preoccupied the providers of children's services generally during this era.

2. Yitzak Bakal, *Closing Correctional Institutions: New Strategies for Youth Services* (Lexington, Mass.: Lexington Books, 1973).

3. The authors prefer the somewhat cumbersome phrase "considered emotionally disturbed" for two reasons. First, the practice of referring to children whose behavior we often do not understand as "emotionally disturbed" obscures the more fundamental problem of our limited understanding. Second, use of the phrase "emotionally disturbed" has, we believe, unwarranted reifying effects over time with deleterious consequences for the children themselves.

4. See Anthony N. Maluccio and Wilma D. Marlow, "Residential Treatment of Emotionally Disturbed Children: A Review of the Literature," *Social Service Review* 46 (June 1972): 230–51.

5. Dore and Guberman-Kennedy.

6. Ibid., p. 376.

7. Thomas M. Young, Donnell M. Pappenfort, and Christine R. Marlow, *Residential Group Care, 1966 and 1981: Facilities for Children and Youth with Special Problems and Needs*, privately conducted census (Chicago: University of Chicago, School of Social Service Administration, 1983).

8. Donnell M. Pappenfort and Dee Morgan Kilpatrick, comps., *A Census of Children's Residential Institutions in the United States, Puerto Rico, and the Virgin Islands: 1966*, Social Service Monographs, 2d ser., no. 4, 7 vols. (Chicago: University of Chicago School of Social Service Administration, 1970). The data for 1981 were collected in the course of research supported by grant 82-MU-AX-0036 from the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

9. The classification, "residential group care facilities for emotionally disturbed children and youth," was made by the directors of those facilities in response to a question about the current primary function of the facility.

10. Young et al.

11. Ibid.

12. In 1981, but not in 1966, some facilities were living units on noncontiguous sites of the same operating organization. Others were separately licensed living units located in contiguous sites. In both years, a "facility" was the licensed entity. Since some states license the operating agency (rather than each of the facilities it administers), we believe our data underrepresent the extent of the shift to smaller facilities.

13. No definition of the phrases "emotional disturbance" or "disordered behavior" was provided to respondents. Nor did we provide criteria for distinguishing among levels of disturbance or disorder. In part this was because we wished to ask the question exactly as it was asked in 1966 and in part because there is still not wide agreement on the meaning of these phrases. The proportions, therefore, are the opinions of those working with such children and should not be interpreted as necessarily resembling those that might be obtained through a national program of psychiatric evaluations.

14. Paul Lerman, "Trends and Issues in Deinstitutionalization of Youths in Trouble," *Crime and Delinquency* 24 (October 1980): 281–98, *Deinstitutionalization and the Welfare State* (New Brunswick, N.J.: Rutgers University Press, 1982), and "Child Welfare, the Private Sector, and Community Based Corrections," *Crime and Delinquency* 30 (January 1984): 5–38; Barry Krisberg and Ira Schwartz, "Rethinking Juvenile Justice," *Crime and Delinquency* 29 (July 1983): 333–64.

15. Lerman, "Child Welfare," pp. 32–33.

16. We are indebted to John J. Gates, Director of the Division of Mental Health and Mental Retardation, Georgia Department of Human Resources, for passing this phrase along to us. He first heard it used by Ogden Lindsey in a speech given at the University of Kansas in 1965. A formal discussion of the concept, with examples of its application in caring for frail elderly people, can be found in Marcella B. Weiner, Albert J. Brok, and Alvin M. Snadowsky, *Working with the Aged: Practical Approaches in the Institution and the Community* (Englewood Cliffs, N.J.: Prentice-Hall, 1978), pp. 47–49.

Note on Research

A Change in Public Opinion on Social Security Benefits between 1954 and 1983

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In 1954 and again in 1983, a representative sample of American adults was asked its opinion on the expected adequacy of social security benefits upon retirement. Although the majority in both years was pessimistic, a remarkable shift toward satisfaction with benefits took place among recipients—that is, the elderly and widows. Those with actual experience of benefits gave the most negative replies in 1954 but the most positive replies by 1983. An explanation is suggested for continued skepticism among nonrecipients and the reversal in opinion among recipients that focuses on economic developments and social welfare system expansion.

Respondents to the Detroit Area Study (DAS) surveys conducted in 1954 and 1983 were asked an identical question: "How well do you think social security benefits will meet your needs when you retire?" or, if the respondents were 65 or over, "How well do social security benefits meet your needs?" When Morris Janowitz analyzed the 1954 survey data, he was troubled by the pessimism and dissatisfaction expressed by all categories of respondents to this question and he concluded that "if it is the objective of social security to contribute to the integration and stability of a democratic society by reducing the level of insecurity about retirement, even our limited data indicate that this frontier remains to be reached."[1]

Results of the 1983 DAS indicate a continued pessimism in the aggregate, but a remarkable reversal of opinion during the past 30 years among the elderly, widows, and other recipients of social security benefits. This article documents such changes briefly, and suggests

Social Service Review (March 1988).

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several reasons for the general skepticism among nonrecipients—and for the shift in attitude among recipients.

Table 1 displays the responses of the total samples of residents in the Detroit Metropolitan Area for the years 1954 and 1983. Owing to the different coding schemes used in the 2 years, making direct comparison difficult, a dichotomous variable was created that divides answers according to whether they are essentially positive or negative in content.[2]

The majority of responses were negative in both years, rising from just over half in 1954 to nearly two-thirds in 1983. If "other" and "don't know" answers were removed from the table, negative responses would outnumber positive ones by a 70 to 30 margin in 1954 and by a 78 to 22 margin in 1983. In short, there has been no improvement, overall, in attitudes toward the adequacy of social security benefits during the past 3 decades; in fact, attitudes have worsened.

However, when the data are disaggregated by age, marital status, and receipt of benefits by a household member, an entirely different pattern emerges, as table 2 indicates.[3]

In 1954, the elderly were actually the group most likely to respond negatively to the question of adequacy of benefits compared to other age groups, for whom the question was hypothetical. Widows were also much less satisfied than single or married respondents, presumably based on their first-hand experience of benefits. By 1983, though other age groups remained thoroughly skeptical, only about one-quarter of those 65 and over expressed dissatisfaction with benefits, compared to 80 percent of the 1954 sample. Similarly, widows in 1983 were significantly more positive about benefits than others, although they were overwhelmingly negative 30 years earlier. When replies are stratified according to a "yes" or "no" answer to the 1954 question, "Do any members of your family receive social security benefits?" and the 1983 question, "Did anyone in your household receive pensions and/or social security retirement money over the last year?" the resulting

Table 1

RESPONSES TO THE QUESTION, "HOW WELL DO YOU THINK SOCIAL SECURITY BENEFITS WILL MEET YOUR NEEDS WHEN YOU RETIRE?"

	1954		1983	
Response	*N*	%	*N*	%
Positive	169	22.2	101.2	18.9
Negative	411	53.8	350.2	64.7
Other/DK	184	24.1	98.4	16.3
Total	764	100.1	550.0	99.9

Table 2

PERCENT GIVING NEGATIVE RESPONSES IN 1954 AND 1983 BY AGE, MARITAL STATUS, RECEIPT OF BENEFITS, AND EDUCATION

	1954 (*N* = 580)	1983 (*N* = 490)
Age:		
26	64.1	82.9
26–44	69.7	90.3
45–64	73.3	59.8
Over 64	80.5	27.3
Chi-square	3.92	114.45
P	<.30	<.01
Marital status:		
Single/married	69.9	75.6
Widow	86.1	26.2
Chi-square	4.32	45.54
P	<.05	<.01
Receipt of benefits:		
No	70.2	82.5
Yes	73.4	40.2
Chi-square	.50	82.69
P	>.50	<.01
Education:		
Less than high school	70.1	51.4
High school	68.1	71.9
College	80.5	82.4
Chi-square	4.63	35.45
P	<.10	<.01

percentages reinforce the notion that actual experience of the value of benefits was the crucial factor in 1983 but not in 1954.

What has caused the startling change in attitude among the elderly and other recipients of benefits? Economic developments and changes in the social welfare system during the 1950–84 period are by far the most likely sources of attitudinal change. For example, between 1959 and 1984, the poverty rate among older Americans dropped from 35.2 percent to 12.4 percent.[4] Average real per capita income doubled, from $6,223 to $12,734 (in 1984 dollars), between 1950 and 1984.[5] Benefits increased from about one-quarter of total per capita income to well over one-third.[6] Widows and their children saw benefits double between 1954 and 1983.[7] While 57 percent of newly retired workers had incomes below the poverty level in 1941–42, only 5 percent had such incomes in 1982.[8] In addition, the expansion of private pensions and retirement funds during this period was unprecedented.

Further, Medicare and Medicaid were enacted during the 1960s, benefits began to be indexed to the cost of living in 1972, and Supplemental Security Income was legislated for the elderly poor beginning in 1974—all major factors in the radical improvement of economic status among the elderly.

What, on the other hand, might account for the unaltered pessimism among the rest of the public, and especially among the better educated? One answer may be found in the rising public expectations regarding the minimum acceptable standard of living. It has been noted that public conceptions of minimal standards consistently follow increases in personal income, rather than in the cost of living.[9] Thus, increased benefits may not appear to be satisfactory when compared to higher minimal standards. Also, public confidence in the real value of government-managed resources is probably diminished by a general lack of confidence in government and its leaders. For example, Yankelovich reports that "trust in government declined dramatically from almost 80% in the late 1950s to about 33% in 1976."[10] Trust in the stability of the Social Security system in particular may have been at an all time low by 1983, when new headlines informed the public of the financial crisis of the system, and Congress was forced to make hasty changes.[11] Given the chronic lack of confidence in the competence of government generally and the concern expressed in recent headlines over the crisis in social security financing, one should anticipate negative opinions on the adequacy of benefits in the future, until there is actual proof to the contrary. Indeed, the best educated might be expected to be the most pessimistic, presuming they are also the best informed about the system's financial problems.

In sum, except for those already receiving benefits, public skepticism and, by extension, public insecurity over retirement income remain discouragingly high. Janowitz's conclusion in 1954 that reduction of "the level of insecurity about retirement" was a frontier yet to be reached in the United States appears still to be true in the 1980s. Optimism regarding economic security in old age remains far off.

Notes

1. Morris Janowitz, "Public Perspectives on Social Security," *Social Work* 1, no. 3 (July 1956): 100.
2. The 1954 codings, "adequate," "adequate if supplemented by own resources," and "adequate if no inflation," were recoded as positive responses, while "inadequate" and "very inadequate" were recoded as negative. The 1983 codings, "doubts future existence of social security," "not well at all," and "less than needed," became "negative," while "fair," "quite well or well" became "positive." Examples of "other" codings were, "depends on future social security regulations" and "has independent means." The numbers in each category for 1983 are not integers because a weighting variable was used to correct for oversampling of low-income respondents.
3. "Other/DK" responses were treated as missing data for the analyses of table 2.
4. U.S. Bureau of the Census, *Statistical Abstract of the United States*, 106th ed (Washington, D.C., 1986), table 769, p. 459
5. Virginia Reno and Susan Grad, "Economic Security, 1935–1985," *Social Security Bulletin* 48, no 12 (December 1985): 10
6. Ibid., p. 19.
7. *Social Security Bulletin: Annual Statistical Supplement* (1983), table 157, p. 229
8. Reno and Grad, p. 19.

9. Michael E. Schiltz, *Public Attitudes toward Social Security, 1935–1965* (Washington, D.C.: Government Printing Office, for Social Security Administration, Office of Research and Statistics, 1970), p. 35.

10. Daniel Yankelovich, unpublished manuscript, quoted in S. M. Lipset and William Schneider, *The Confidence Gap: Business, Labor and Government in the Public Mind* (New York: Free Press, 1983), p. 15.

11. Paul C. Light, *Artful Work: The Politics of the Social Security System* (New York: Random House, 1985).

Reviews

Book Reviews

Learning from the Field: A Guide from Experience. By William Foote Whyte. Beverly Hills, Calif.: Sage Publications, 1984. Pp. 295. $25.00.

Every once in a while a scholar produces a volume that is accessible, practical, and intellectually challenging. It is not surprising that such a work has once again been produced by William Foote Whyte. Whyte has devoted a lifetime to applying participant observation methods or tools in situations as varied as a small Italian community in Boston and Basque worker collectives in Spain. His works have consistently relied upon an interactionist framework to advance our understanding of distinctive social groupings and structures. His latest work, *Learning from the Field,* is in a sense a summary of his life work as a scholar, participant, observer, and, perhaps most fundamentally, a learner.

As Whyte notes in the opening of the volume, his purpose is to report on what he has learned "about doing research from field work over about half a century and in a wide variety of settings" (p. 11). It is on this basis that the reader is taken on a most informative and enhancing journey that is steeped in Whyte's history and laced with his abundant insights about the research process. The book is structured so that the reader, like the participant observer, is gradually immersed in situations that demand substantial attention and imagination.

The book's chapter headings cover many of the areas traditionally associated with the research process and, more specifically, fieldwork. These topical areas include but are not limited to (1) the role of the participant observer; (2) project planning/entering the field; (3) interviewing strategies and tactics; (4) recording, indexing, and evaluating data; and (5) analyzing data. However, many of the chapters and much of the discussion in this book take us beyond the bounds of a technically cautious discussion of research processes. Whyte also opens a number of provocative discussions on the impact of history, cultural norms, values, ethics, and politics on field research. These chapters serve to broaden the analysis and enable the reader to more fully understand the nontechnical considerations that must inform the field-worker's choices

Each chapter artfully interweaves personal experience or illustration with more general concepts or ideas that the author is attempting to develop. Whyte has structured his life summary work in much the same way that he organized many of his earlier qualitative analyses. In this instance, Whyte's life work provides the data base for the qualitative analysis. The author consistently selects provocative yet real situations to illustrate his methodological points. He also establishes sharp conceptual transitions between his illustrations. In

this way, Whyte consistently manages to enrich his analysis while maintaining its overall coherence and integrity. It would have been very easy for Whyte, given his wealth of experience and proximity to this material, to overvalue these particularistic experiences and thus get lost in a maze of illustrations. However, time and again he demonstrates that he is both too wise and too experienced to lose sight of the overarching objectives that fuel this analysis.

This book makes two very substantial contributions to the literature on participant observation or field research. To begin, it is an excellent primer for students or academics who are interested in developing and implementing a qualitative inquiry. Whyte provides the reader with clear and precise instructions on how to enter the field, interview respondents, analyze data, and more generally engage in the process of field research. He also provides the reader with an appreciation of the heterogeneous qualities of the research enterprise. Consequently, the student learns that the social situation dictates the specific research strategies, tactics, and/or tools that will have to be developed or learned. The author consistently and correctly indicates that there is no single blueprint for conducting field research but rather an array of choices that must be based on the particular social situations being investigated. Again, Whyte's use of illustrative material vividly underscores this point.

The author also highlights for students the relationship between field research and more formal methods of inquiry. He indicates that field research is often a predicate for the development of more formal studies, and that artificial distinctions have often impeded efforts to integrate qualitative and quantitative methods. This discussion performs the very critical function of heightening the students' understanding of the fundamental unity and interdependence of research processes.

Additionally, this work makes a cutting-edge contribution by exploring the potential links between social change and social research. In his discussion on participant action research, the author notes that "the professional researcher is responsible not simply to organizational heads . . . but also the rank and file" (p. 168). Whyte then provides the reader with rich illustrations of field researchers who, through particular kinds of agenda setting, information dissemination, and advocacy, substantially contributed to change processes on behalf of workers and eskimos. The author deepens this theme in his chapter "Reshaping Conceptual Schemes" when he notes, "I realize this movement spearheaded by Fredrick Taylor was not simply to make industrial work more efficient. Taylor . . . devised methods to shift the power and control over work from workers and their immediate supervisors thus concentrating control in the hands of an emerging group of engineers and professional managers" (p. 255) This insight leads Whyte to remark, "I could see more clearly that much of my work had focused on worker and union efforts to resist not only the leadership styles of particular managers but also the very system of power and control that supported autocratic dehumanizing management" (p. 256).

This discussion (which runs through a number of chapters in *Learning from the Field*) forces the reader to consider more thoughtfully the role and responsibility of the social researcher. It does not allow the reader to withdraw into the researcher's safe and frequently cynical cocoon of value-free expertise. Instead, it develops an explanation which suggests that the values of researchers and funding groups substantially influence the research process. Just as critically, the researcher more often than not either willingly or unwillingly contributes to a change process. Whyte, therefore, argues that researchers must first understand their own values, the agendas of funding sources, and the potential implications of the research before embarking on an investigation. Of perhaps even more importance, the author indicates that engaging in research that is

structured to effect positive change for the least powerful is both an appropriate and potentially valuable enterprise. This discussion challenges a number of orthodox beliefs regarding the function and potential of research. For that reason and others, this part of Whyte's work is both courageous and inspiring.

Whyte's critique and departure from contemporary research belief lead him in his last chapter to offer a compelling alternative paradigm for social research that is drawn from biology. Just as important, he also offers the reader an alternative research agenda. He challenges, "why not study things as they might be?" (p. 283). In effect the author began "casting about for situations . . . where people had arrived at different definitions of problems, were doing things in markedly different ways and were getting results that at least appeared promising" (p. 285). This interest in "social inventions" has led William Whyte to investigate "employee ownership and worker cooperatives in industry and new patterns of participatory agricultural research and development" (p. 285).

In conclusion, Whyte has managed in a single volume to develop a clear and instructive primer for incipient field researchers while also breaking new ground on the function as well as potential of this form of inquiry. The analysis is consistently coherent and vividly illustrated. I would heartily recommend it as a test for introductory research classes and advanced classes in field research. This volume should also be read by scholars interested in developing new paradigms and agendas for social research. Clearly, this book meets the very high substantive and methodological standards that we have come to expect from Whyte over an approximate 50-year period.

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The Aged in Rural America. By John A. Krout. Westport, Conn.: Greenwood Press, 1986. Pp. xvi+182. $29.95 (cloth).

Gerontologists have a hard time catching up with the literature explosion in their field. The research focus on the aged continued to expand in recent years, but this has been an uneven development, circumscribed for the most part on urban populations. Interest in the rural aged has, in turn, been meager and sporadic. Grant Youmans's seminal work of the early 1960s and 1970s remains to this day the classic, albeit a solitary contribution. Other researchers have followed the course, but their work is dispersed and fragmented. Much of their research responds to disparate definitions of rurality and is often difficult to evaluate because these research efforts start from incompatible methodological approaches.

John Krout attempts to overcome this frustrating reality by systematizing the research contributions of the last decade. He justifiably considers this effort to be an inevitable prelude to new investigative efforts. What he has produced is, however, more than a literature review. He also accomplishes more than his explicitly stated objective, namely, the production of a new research agenda. His book is rich in substantive details. It is a welcome inventory of carefully analyzed information. It is also an illuminating road map through the conceptual underpinnings that guided previous studies. It ultimately debunks many of the myths and oversimplifications commonly held about rural environments and their populations. He rejects the very dichotomy of urban-rural. The rural, no less than the urban, is complex and heterogeneous. He seeks to clarify the images of rurality without necessarily buying into the

opposite "rural-disadvantagement" hypothesis. Krout notices here that while it is true that the rural elderly have lower incomes, less adequate housing, more transportation-related problems, and fewer services, their in-kind benefits and assets narrow the gap with their urban counterparts. He raises doubts about rurality as the primary determinant of the alleged jeopardy and suggests that it may be confounded with income since the latter variable similarly correlates with many of the problems afflicting the rural aged.

The author continues testing other prevailing preconceptions. He found no evidence in previous studies that there is greater reliance on kin, that family ties are stronger, or that families are larger. The percentage of the aged living with children is 10 percent, not different from that of the country as a whole, and the amount of contact with children tends to be even less than in urban settings. There appears to be no evidence of "super-supportive" kin or informal networks, but the opposite, the isolated and lonely older person, is also a rarity.

On the whole, Krout deplores the lack of multivariate, longitudinal studies and the scarce attempts to replicate existing studies. He laments that there is no building on previous research. His book, while rich in suggestions of issues and topics for further research, is not equally helpful in pinpointing the methodological course prospective researchers should follow. Typologies or classifications of rural environments and their corresponding human aggregates are scarce, even though Krout alerts us to the dire need for such conceptual analytic frameworks.

The author appropriately concludes with an examination of current policies affecting the rural elderly. It is quite revealing that not until the 1978 amendments to the Older Americans Act was reference to rurality as a special issue ever made in this federal legislation. Recent studies concluded that the geographic decentralization through the Area Agencies on Aging network has not been very effective in assisting the rural aged. The network's hands are tied: it cannot provide direct services because it is mandated instead to coordinate services. This is quite an irony given that services are scarce and almost nonexistent in the rural countryside. When aiming to offer some policy recommendations, the author spreads too thin. Aside from an appeal for more funds and better organizational responsiveness, the book does not venture into more specific solutions. However, this hardly casts a shadow on the book's main accomplishment as a comprehensive inventory of research findings. Krout effectively sets the course for an impending new phase of rural gerontological inquiry.

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Software Review

We publish below our first review of computer software. This innovation in our publication practice requires guidelines for such reviews. The following is intended as a beginning statement of these guidelines.

The *Review* will publish a limited number of reviews of computer software and materials published in other media, such as videotape. We will consider for review only materials specifically designed for social work education and practice General purpose software that might be of use to social workers or social agencies will not be reviewed. Only software designed for readily available computers and operating systems will be reviewed. If the process of reviewing these materials becomes unwieldly for our staff or reviewers, we will reevaluate the practice.

These guidelines are intended to reflect the fact that many other periodicals publish reviews of general purpose and specialized software and audiovisual material. We hope you find the reviews published here to be valuable.

J. S.

Interviewing Skills for the Human Services–1. By Gale Goldberg-Wood and Ruth Middleman. Park Forest, Ill.: OUTP ST Software, 1987. Two floppy disks plus workbook and teacher's manual. $34.98 (student version).

This is a simple and well-designed computer-aided instructional program intended to supplement class and fieldwork in professional education and for agency in-service training. The program is user friendly, very easy to run, and requires almost no computer knowledge. Interaction with the program is charming, although a bit monotonous and a bit worrisome.

The monotony is not serious and arises from drill and repetition. In 15 lessons, the user is taken through highly structured and repetitive thought processes that become somewhat irritating as they drone on. The worry arises from concern that the tutorial package could be used mindlessly, that is, without attention to the ambiguity of the human situation. However, to succeed as a structured tutorial, the program must define, describe, specify, and delimit all of its constructs. The program does a good job of structuring. It is clear, straightforward, succinct. Its structure should be appealing to students, particularly novice students and to beginning bachelor's level practitioners.

The lessons consist of brief didactic explanatory descriptions of interviewing skills, named as follows: (1) positioning, (2) attending, (3) reaching for feelings, (4) waiting out feelings, (5) getting with feelings, (6) reaching for information,

(7) partializing, (8) checking out inferences, (9) connecting discrete events, (10) giving information, (11) confronting distortion, (12) summarizing, (13) amplifying a subtle message, (14) reaching for a feeling link, and (15) redirecting a message.

The program first tells the student in a few simple sentences what the skills entail and how to perform them. These short statements are models of direct, unadorned clarity, although they deal with quite sophisticated and ambiguous underlying knowledge. The didactic material is accompanied by short statements summarizing research or experience which seems to support the instruction. The program thus delivers a powerful message. It tells the student: this is the right way to behave; these are the right things to think; these instructions are dependable because they are based on research. However, the sources of the research are not given, and the bibliographical notes are incomplete and out of date. Nevertheless, the skills depicted are sensible and well presented.

The didactic material is followed by several clever reviews. A series of questions apply the skill to a case scenario and fix the skill descriptions and explanations in mind. The exercises conclude with little quizzes and finally a big quiz. The program offers appropriate praise when one gives it the answers it seeks, and it offers a slightly testy scolding when the right answer is not forthcoming. There is opportunity to go back and restudy in order to up the quiz score.

The instructional package comes with a booklet containing interview examples with comments pointing out the skills used. The booklet contains additional exercises, constructed to be parallel to the computer exercises, providing more drill. The computer drills are admirable aids to solitary study. They are more persistent than most of us would be if we were doing our own self-directed drills. They are much more persistent than a live tutor, who would not hammer away so sternly.

The program content conceives of the 15 skills as "very basic, responsive interviewing skills" whose purpose is "to help interviewees to feel comfortable, valued, and free enough to express their real concerns and feelings." The authors believe that these are basic skills, that "many different forms of therapy can be built on top of them, for they are not, in and of themselves, designed to provide therapeutic assistance of one sort or another. Rather they are designed to help people feel comfortable enough with you so that they feel listened to and understood, cared about, and encouraged to say whatever they want to say and need to say" (booklet, pp. 1–2). The publisher states (personal communication) that the 15 skills are "the most basic responsive skills critical for communication in any caregiving job," and that they are not linked to any particular theory or approach to treatment. The publisher states also that the 15 skills are used in all settings, with all age groups, and that the authors have identified a total of 60 interviewing skills that may be used to develop additional programs.

This notion that the 15 skills are basic, essential, atheoretical attributes of all interviewing, a distillation of elemental interviewing acts, raises questions. The universality of these skills is not established. The program tells what to do, how, and when, but does not deal with why, or why one should do it this way and not some other. There is no indication of possible risks and benefits of the approach in the program itself or in the accompanying booklet. There exist in the literature and in practice folklore many instructions that advocate similar and dissimilar notions to those put forth by this program. There is a good deal of disagreement in the field about what names to put on the skills, how many there are, and how they should be used. There is probably not so much disagreement that these 15 skills are useful, but I believe that a group of experts would differ about the 15 most important skills.

The program under review, however, gives no hint of this well-documented variation in the field. Its structure is so bare and unencumbered by ambiguity that it runs the risk of disarming a naive or submissive student, who could be left with significant wonderment about why the 15 skills make a bad fit with a particular live case.

Furthermore, it is not correct, in my opinion, to assert that any interviewing skills text, in book form, in seminars, in taped form, or now in computer-aided form, can be atheoretical. The 15 skills appear to be derived from a mix of cognitive behavior theory and a traditional casework–group work belief in self-determination and respect for others. Personally, I found the program's strict construction of self-determination and its instruction to avoid making heavily value-laden or theory-driven inferences to be quite appealing. However, the underlying value position of the program conflicts with some realities in practice—the involuntary client, for example. It may conflict with some viewpoints that students bring to professional education which need changing, for example, a belief that professional practice requires governing a priori inferences in the name of diagnosis. The program cannot take into account intertwined complexities of live practice (along the lines advocated by ecological thinking) because the conceptual base is oversimplified, and the didactic method employed reinforces the oversimplification.

Having said that, however, similar issues can be and are raised about any existing text dealing with interviewing. This is why many teachers dislike adopting any one text, opting for their own favorite mix of texts. Teaching basic skills, whether interviewing, assessment, or intervention, requires paring down loaded concepts and distilling complexities into a thinner, clearer, more straightforward mix.

This initial exploration into computer-assisted teaching-learning in treatment does this paring-down job admirably. It is a courageous innovation. I assume that the absence of references to support statements is deliberate and due to a wish to have an unencumbered look, to focus the student clearly, and to reduce diffuseness. However, I believe that the rules of scholarship should and can be incorporated into the technology.

On balance, this computer-assisted learning aid on the subject of basic interviewing skills is a novel enterprise. Its content is relevant and appropriate. Its design is clever and very easy to use. As an adjunct to a solid course on beginning intervention or a hands-on practice lab, it is recommended. It should be particularly useful for inexperienced beginners who long for the definiteness and certainty that are offered. The program should be surrounded by readings, video- and audio-tapes, and especially by class exploration and discussion. The rationale for varying types of interview practices needs clarifying, and research on interviewing and communication practices needs to be included.

The authors and publisher have started a process that is inevitable. Because the technology exists, it will be used, and so something has been well begun here that can be built upon in the future.

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Brief Notices

Public Opinion and Collective Action: The Boston School Desegregation Conflict. By D. Garth Taylor. Chicago: University of Chicago Press, 1986. Pp. 241. $29.00

The author challenges the established view that racism was the only driving force behind the antibusing protest. The dynamics of public opinion are explored and the sources of collective action in racial politics are delineated.

Human Birth: An Evolutionary Perspective. By Wenda R. Trevathan. New York: Aldine De Gruyter, 1987. Pp. 268. $29.95

This book presents an analysis of the birth process and mother-infant interaction. Principles of evolution are applied to data from a study of more than 100 out-of-hospital deliveries.

Adolescent Sexualities: Overviews and Principles of Intervention. Edited by Paula Allen-Meares and David A. Shore. New York: Haworth Press, 1987. Pp. 114. $22.95.

This book presents an active approach to adolescent sexuality Fundamental issues are presented and models of intervention with adolescents are discussed.

Social Welfare: Politics and Public Policy. 2d ed. By Diana M. Dinitto and Thomas R. Dye. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1987. Pp. 292.

The authors present rational and political approaches to major social welfare policies and programs in the United States. The nature and causes of poverty are explored in this expanded and updated edition.

The Woman Client: Providing Human Services in a Changing World. Edited by Dianne S. Burden and Naomi Gottlieb. New York: Tavistock Publications, 1987. Pp. 299.

Women form the majority of clients of social workers. Contributors to this volume present up-to-date information about nonsexist approaches to clinical intervention with women. Various treatment contexts and special population groups are discussed.

Contemporary Social Welfare. 2d ed. By Winifred Bell. Riverside, N.J.: Macmillan Publishing Co., 1987. Pp. 285.

In this revised edition, the author has updated her presentation of American social welfare in an international context. Current issues are discussed in terms of the historical, ideological, economic, and political forces that shape the American social welfare system.

Alcohol and the Family: A Comprehensive Bibliography. Compiled by Grace M. Barnes and Diane K. Augustino. Bibliographies and Indexes in Sociology, no. 9. Westport, Conn.: Greenwood Press, 1987. Pp. xiii+461. $49.95.

A volume of more than 6,000 citations of publications that link alcohol use and the family. A series of brief discussions on current research and a detailed subject index are included.

Ethnicity and Gerontological Social Work. Edited by Rose Dobrof. New York: Haworth Press, 1987. Pp. 143. $27.95.

This special issue of the *Journal of Gerontological Social Work* presents ethnicity as a powerful influence on the lives of older people. Contributors discuss issues relating to particular ethnic groups, social policies, and ethnic-sensitive treatment.

The Uses of Countertransference. By Michael Gorkin. Northvale, N.J.: Jason Aronson, Inc., 1987. Pp. 312. $27.50.

A practical account of work with this psychodynamic phenomenon is presented. Using numerous clinical vignettes, the author explains the therapeutic gains that can be achieved through well-managed countertransference.

The Variety of Dream Experience: Expanding Our Ways of Working with Dreams. Edited by Montague Ullman and Clair Limmer. New York: Continuum Publishing Co., 1987. Pp. 320. $19.95.

The group dream work model is presented. Contributors discuss applications of the model to other disciplines, including art, anthropology, and psychiatry.

Ethnic-sensitive Social Work Practice. 2d ed. By Wynetta Devore and Elfriede G. Schesinger. Columbus, Ohio: Merrill Publishing Co., 1987. Pp. 298. $18.95.

The authors present an updated, systematic study of ethnicity and social work practice. Particular attention is paid to the large number of new immigrants of Asian and Hispanic origins.

Using Computers to Combat Welfare Fraud: The Operation and Effectiveness of Wage Matching. By David Greenberg and Douglas Wolf, with Jennifer Pfiester. Studies in Social Welfare Policies and Programs, no. 2. Westport, Conn.: Greenwood Press, 1986. Pp. xii+265. $37.95.

The authors describe and evaluate the cost-effectiveness of computerized antifraud procedures in public welfare programs. Cost-benefit analyses are presented and recommendations for effective implementation are offered.

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Psychotherapy, Distributive Justice, and Social Work

Part 1: Distributive Justice as a Conceptual Framework for Social Work

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This is the first part of a two-part article analyzing the relation between psychotherapy and social work. This part provides a new account of the nature of social work. It is first argued that each profession is defined by an "organizing value" that it aims to promote. Then, using John Rawls's theory of justice as a framework, it is argued that the organizing value of social work is distributive justice; that is, social work strives to ensure that no person is deprived of a fair minimum level of those basic social goods to which everyone is entitled. Rawls's theory implies that the social goods relevant to justice include certain psychological traits, such as self-respect, but not mental health. This allows for a distinction between clinical social work, which uses psychological intervention to pursue justice, and other forms of therapy, which pursue mental health. Part 2, to appear in the next issue of this journal, will use this framework to explore the nature of clinical social work.

For better or worse, social work has become one of the "mental health professions." In fact, social workers now deliver more mental health care in the United States than any other profession.[1] These responsibilities, and the mandate they represent, are legitimate sources of professional pride. At the same time, they lend a new urgency to an old and difficult conceptual question: How does the widespread practice of psychotherapy by social workers relate to the overall mission of the social work profession? More than ever, an integrated sense of professional identity, and possibly even the future of the social work profession, depend on an adequate answer to this question.

There appear to be three possible answers. First, it might be argued that there is no inherent conceptual link between psychotherapy and

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the mission of social work. The clinical activities of social workers might be a historical accident or the result of the strivings of social workers for professional power outside their profession's natural domain. Putting the point more benignly, psychotherapy might have been appropriately undertaken by the social work profession in response to social need, but it still might be a task that lies beyond the natural conceptual boundaries of social work. I will argue that this view applies to some of the psychotherapy done by social workers, but that it is not the whole answer. The problem with this view is that it fails to explain the length, intimacy, and uniqueness of the association between social work and psychotherapy. This special relation, widely recognized and mandated, seems to have its roots in something more essential than an arbitrary expansion of professional turf.

Second, at the opposite extreme, it might be argued that the entire field of psychotherapy should be conceptualized as a subdomain of social work. This would require either that social work be conceptualized very broadly so that it encompasses virtually all interpersonal helping, or that psychotherapy be construed in a way that fits a prior understanding of social work. Either strategy is likely to require stretching the meanings of terms in implausible ways that make the argument question begging or tautological. Moreover, these strategies conflict with the widespread intuition that there is a difference, at least in principle, between clinical social work and other psychotherapeutic disciplines. This elusive difference is obscured by the complexities of actual practice, and despite long efforts, the difference has not yet been clearly formulated, but a strong intuition remains that a difference does exist. A belief in such a difference leads to the next view.

A third, intermediate position is that certain forms or uses of psychotherapy fit under the definition of social work and others do not. The two problems that confront the intermediate position are (1) the need to provide some nonarbitrary criterion that establishes when psychotherapy is and when it is not social work, which entails capturing that elusive difference between social work and other therapeutic disciplines; and (2) the need to explain how this position is consistent with the fact that social workers are currently legitimately involved in virtually all facets of psychotherapeutic treatment. In this two-part article, I will attempt to resolve these problems and to defend a version of the "intermediate" answer.

The nature of social work is a controversial problem in its own right. Hence, any attempt to explain psychotherapy's role in social work will require a simultaneous attempt to define social work. I will argue that social work aims to promote distributive justice, and my consideration of psychotherapy in social work will be based on this conception. My hope is that the proposed definition of social work and the proposed account of psychotherapy's role in social work will intertwine in a

mutually reinforcing way, making both of them more plausible than either would be alone. Part 1 will provide an account of professions and will elaborate the distributive justice framework for social work, and Part 2 (to appear in the next issue of this journal) will consider psychotherapy's role in social work.

The justice-oriented conception of the profession that will be presented here is consistent with a long tradition of thinking about social work,[2] but it is a tradition that appears to be in conflict with the current emphasis on psychotherapy in social work practice. Distributive justice is generally associated with the goal of alleviating economic deprivation and with the methods of policy-making and social reform. The role of psychotherapy in such a profession seems to be indirect and severely limited at best. As a result, social workers who see justice-related goals as the mission of social work may reject psychotherapy as a legitimate or significant part of the profession's task.[3] Conversely, clinically oriented social workers may reject the distributive justice view of social work because it does not seem consistent with the practice of psychotherapy by social workers. Therefore, the task undertaken here of clarifying the complex relations among therapy, justice, and social work, thereby reducing the antipathy between the two poles of social work concern, is critical for moving the field toward a unifying conceptual foundation.

All too often, proposed conceptual frameworks for social work are defended by showing that they fit well with some particular area of practice, an area to which they were tailored in the first place. This is one reason why proposed conceptual frameworks have tended to be unconvincing. The potential value of a unifying framework depends on its ability to illuminate areas of practice that it was not originally designed to handle and that seem, on the surface, to be difficult for it to handle. This is the sort of test I aim to apply to the justice framework. Clinical practice does not naturally suggest a justice interpretation, and it would generally be considered the most difficult area of social work practice for the justice model to explain. If the justice model can accommodate clinical practice, then it has a good chance of providing a more unifying conceptual framework for social work than now exists.

After presenting the justice model here, I will argue in Part 2 that there is a much larger overlap between the claims of justice and the practice of psychotherapy than there appears to be, so that clinical social work is a natural part of a justice-oriented profession. Nevertheless, not all psychotherapy done by social workers fits into the profession's essential mandate in this way, leaving a degree of conceptual disunity in social workers' activities. I will end Part 2 by considering the nature of this disunity, arguing that it need not have the negative consequences that are sometimes attributed to it.

Professions and Their Organizing Values

In attempting to construct a conceptual foundation for social work and thereby to answer the question, "What is social work?" it will be useful to have in mind a general description of the nature of professions that can guide us toward an appropriate answer. As a somewhat idealized analytic framework,[4] I propose that the purpose of each profession is to promote a particular, valued goal of great importance to people's well-being that I will call its *organizing value*. Thus, doctors properly aim at the health of their patients; lawyers, at legal justice for their clients; and teachers, at the education of their students. Admission to each profession requires the knowledge and skills necessary for working toward the relevant value. For example, doctors must learn to do surgery and to prescribe medication because these skills are necessary to the pursuit of health, and lawyers must learn to prepare legal documents and argue cases in court because it is often necessary to do so in order to gain legal justice for a client. Both devotion to an organizing value and possession of special skills are necessary in order that an occupation be perceived as a profession in the full honorific sense. Skills alone are insufficient; many technical trades involve complex and important skills but they possess no overarching value commitment. Nor are important values alone sufficient; school crossing guards and babysitters aim at the critical value of children's safety but possess insufficiently specialized skills.

While it is necessary for a profession to possess some special skills, the particular skills possessed at any one time do not form part of the essential identifying conditions of a profession. That role is reserved for the organizing value. The skills themselves are determined by what is believed to be necessary for the pursuit of the organizing value and they can change as those beliefs change. For example, when the medical profession came to believe that verbal psychotherapy was the proper treatment for certain mental disorders, psychiatrists became regularly trained in such procedures, even though insight therapy had little relation to traditional physical treatment strategies. Indeed, it is remarkable how radically the knowledge, skills, and theories possessed by a profession can change over time, while the profession retains its identity. Think, for example, of the change in medicine from the technique of bleeding patients, inspired by the humoral theory, to the technique of transfusing them, inspired by modern physiological theory. The medical profession retained its identity despite such dramatic changes in its means because its ultimate ends, embodied in its organizing value of health, remained constant. Because specific knowledge, skills, and theories are not what individuate a profession, it is a mistake to incorporate them into its definition, as is sometimes done in discussions of the definition of social work.

Indeed, it would be confusing to try to define professions by skills *because the very same concrete skills may be used by different professions* in pursuit of their own organizing values. What counts in terms of the definition of the profession is not so much what the skills are but what they are being used to do. For example, doctors and social workers, as well as teachers, perform educational functions. But the social worker teaches in order to promote justice, for example, in teaching clients about their rights, and the doctor teaches in order to promote health, for example, in teaching populations at risk about AIDS, whereas the teacher's job is to aim at education as a goal in its own right. The extent, structure, and success or failure of the teaching activities in each profession can be understood only in terms of the underlying organizing value that properly regulates that profession's activities.

Specific laws or other aspects of the social regulation of a profession do not normally define its nature. Medicine, for example, has existed for over 2,500 years despite radical changes in the legal code and in the sanctions that regulate medical practice. Medical practice exists in alien cultures and it can even exist within our own culture outside of our legal regulatory machinery ("practicing medicine without a license"). It is the enduring organizing goal, not transient laws or other specific regulatory codes, that defines a type of professional activity.

A profession's organizing value is the major element of its identity conditions, but it is worth noting that the organizing value may not by itself fully distinguish one profession from all others. For example, the medical and nursing professions are different, yet they share the same organizing value of health and the same purpose of healing. They must be differentiated on other grounds, such as their specific organizational roles in the pursuit of the patient's health. Strictly speaking, then, the organizing value is a necessary, but not always sufficient, condition for defining a profession. To spell out the other conditions in detail would require putting forward a fuller philosophical theory of professions than is necessary for current purposes. This is because the organizing value is sufficient to distinguish social work from the other therapeutic professions, and that is the distinction that concerns me here. Consequently, I will treat the organizing value below as if it is a necessary and sufficient condition for identifying a profession, with the understanding that further refinements, not relevant to the current argument, will be needed.

In discussions of the conceptual foundation of social work, many different terms have been used to characterize the critical identifying feature of the profession, such as the profession's essence, function, purpose, mission, or goal. While much time could be spent dwelling on nuances that differentiate these terms, by my account they all come to about the same thing, namely, the organizing value. For example, the essence of a thing is that which makes it what it is, without which

it would no longer be the same, and the organizing value of a profession is exactly what makes it the profession it is, as the earlier examples suggest. Again, a profession is a kind of socially created artifact like a chair, a book, or a branch of government, and, like all such artifacts, professions are defined by their function, which is simply the goal they are designed to accomplish. In the case of a profession, that function would be the promotion of its organizing value. Similarly, teleological concepts, such as the purpose, goal, and mission of a profession, all refer to the promotion of the profession's organizing value.

If the organizing value is to identify a profession's function and distinguish it from other professions, it must be as specific as possible. For example, all professions aim to contribute to the well-being of their clients, so why is "well-being" not the function of social work and of all other professions? In a sense, they all have that higher-order function, just as do all artifacts such as chairs and automobiles. But it would be utterly misleading to claim that chairs and automobiles have the very same function, the promotion of well-being, and to leave it at that. What makes something a chair is not the fact that it ultimately contributes to well-being but its more specific intended function of providing a place to sit, and what makes something an automobile is (in part) its more specific function of providing transportation. In defining a profession, as in defining an artifact, it is the most specific distinctive function, such as "health" in the case of medicine, or (as I shall argue) "justice" in the case of social work, that constitutes the defining function.

The organizing value is not the only value that concerns professionals in their work. Each profession contributes to the achievement of many goals other than its defining goal. For example, many professions, including education, law, psychotherapy, and medicine, contribute to justice indirectly by providing their clients with access to basic opportunities that would not be available to them otherwise. Similarly, the work of the educator or of the social worker might often lead to the better health of the client, but that does not mean that those professions aim at health. One critical distinction here is between the organizing goal that determines the structure of an activity and the beneficial side effects of the activity. The aim of learning, not the aim of justice, is implicit in the literature, training, theory, assessment, and evaluation of the field of education, and justice is only a beneficial side effect of that activity. Similarly, justice is a welcome side effect but not the goal toward which traditional psychotherapy strives, and I will argue that this distinguishes it from activity that is essentially clinical social work.

Identifying the organizing value of social work is not merely a theoretical exercise. An understanding of the organizing value of a profession informs and constrains all aspects of professional practice. The

more specific objectives of the profession can be formulated only in light of the organizing value because they are means to the end of promoting that value. Every step in the process of professional intervention, from assessment to evaluation, is shaped by the organizing value. The education of professionals depends for its coherence and integration on an overarching conceptualization based on the organizing value. Many values are involved in any professional practice, and it is only a specification of the organizing value that distinguishes the special commitments and priorities of a profession from the myriad of other value commitments shared by all professionals. This is why a simple recitation of the values that inform social work practice, as sometimes occurs in attempts to define social work, does not begin to explain the distinctiveness of the profession. In sum, the organizing value of a profession is a reality that, directly or indirectly, influences every facet of professional life. To the degree that the organizing value of social work can be made more explicit than it has been, the profession can have a clearer target at which to aim and a better chance to realize its goals.

Social Work and Distributive Justice

When justice is mentioned as a goal of social work, it is usually meant as a reference to the profession's traditional focus on the poor. It is natural that a justice-oriented profession should be intensely concerned with poverty, for the provision of material goods that sustain life, such as food, clothing, and shelter, certainly takes precedence over the provision of many other justice-related goods.[5] However, recent approaches to the theory of justice suggest that economic goods are not the only goods that are subject to considerations of distributive justice, and thus are not the only goods that should claim the attention of the professional concerned with distributive justice.

The writer who has been perhaps the most instrumental in widening the scope of the concept of distributive justice is the philosopher John Rawls, and I will use "distributive justice" throughout this article in the broad sense in which he defines it in his influential book, *A Theory of Justice*.[6] Rawls uses the term "distributive justice" to denote the value which he considers most central in evaluating a society's institutions, the value of each person's getting a fair share of the benefits and burdens resulting from social cooperation. Distributive justice in Rawls's sense thus includes not only justice in the distribution of economic goods and services but also a fair allocation of nonmaterial socially produced "goods" (in the sense of "that which is good"), such as opportunity, power, and the social bases of self-respect. In particular, there is conceived to be a minimal level of each such good (the "social

minimum"),[7] below which persons would be considered deprived, just as they are considered deprived when they are below a certain minimum level, the "poverty" level, in the possession of economic goods.

Rawls's broad construal of the scope of distributive justice is not arbitrary. It results from an analysis of the implicit contract underlying social cooperation and from a resulting theory of fair allocation of social resources, which will be taken up in the following section. From these analyses, Rawls derives an account of the kinds of goods that must be subject to considerations of justice. I will focus on that issue in the section after next. Examining the moral reasoning that underlies society's obligation to provide an economic "safety net" for its citizens, Rawls discovers that the same reasoning implies the obligation to provide a safety net for certain noneconomic goods as well. In particular, Rawls's analysis implies that some psychological traits, such as self-respect, which are closely linked to the structure of social institutions and to how people react to each other, are a kind of social benefit for which justice requires an attempt at fair distribution. If this is so, then psychotherapy-style interventions, aimed at imparting such psychological goods, would play an integral role in a justice-oriented profession.

I believe that a Rawlsian approach to distributive justice has the power to make sense of the social work profession and its disparate activities in ways not yet generally appreciated. Social work can be conceived as a profession engaged in alleviating deprivation in all its varieties, from economic to psychological; social workers identify people who fall below the social minimum in any justice-related good and intervene in order to help them rise above that minimally acceptable level.

While Rawls most often uses the term "distributive justice," he makes it clear that his analysis is intended to illuminate the less technical concept of "social justice": "These principles [for choosing what is each person's proper distributive share] are the principles of social justice: they provide a way of assigning rights and duties in the basic institutions of society and they define the appropriate distribution of the benefits and burdens of social cooperation."[8] I will continue to use the term "distributive justice," partly because there is now a vast literature spanning several fields that follows Rawls in using this term. Indeed, an important benefit in adopting the "justice" perspective on social work is that thinking about social work can be linked to a well-developed and rich literature. In quoting liberally from Rawls and others in my article, I hope especially to entice clinical social workers to enter into this literature because I believe it is much more relevant to clinical concerns than it may seem.

Rawls's concept of justice as the fair distribution of social benefits is a broad one, but it is only a small part of moral theory. Moral concerns about personal virtues like honesty and promise keeping, or

about the duty to be beneficent to others, and many more, do not directly involve such distributive issues. Even some topics traditionally within the overall theory of justice do not come under the specific category of distributive justice as Rawls defines it, for example, the theory of criminal justice and punishment ("retributive justice"). Not every moral problem is addressed by Rawls's theory, and not every worthwhile value or goal is justified on the basis of distributive justice.

Talk of justice as the goal of social work is often associated with a perspective on justice much more radical than Rawls's liberal account. Radical theorists tend to see therapeutic activities mainly as either undesirable forms of social control or as opportunities for political consciousness-raising and liberation.[9] While these aspects of the therapeutic encounter should be taken seriously, and while radical and other approaches to justice-oriented practice deserve a careful hearing, I believe that recent developments in the liberal theory of justice provide the best opportunity for a fruitful conceptual framework for all of social work practice, and I will consider only the liberal approach in this article. As one radically oriented writer, John Longres, admits, "Probably there is an underlying consensus about practice . . . that social work is firmly rooted in liberal traditions."[10]

Rawls provides a conceptual analysis of distributive justice, and I will use Rawls's theory to provide a conceptual analysis of social work. It is critical to understand the methodology that guides such conceptual investigations in order to avoid the mistaken impression that such analyses impose arbitrary external ideas upon a field. After all, it would be absurd either to change our concept of justice or to adjust the basic purpose of our profession to fit some theory, no matter how cleverly propounded. But such changes in our concepts are not at all what these philosophical accounts aim to accomplish. Rawls is attempting to give an account of the nature of justice as we already intuitively understand it, or, failing that, as we could be brought to understand it if we took a rational and sustained interest in doing so. Rawls is not trying to invent a new idea of justice, he is trying to understand the cognitive structure latent in the ideas we have long possessed. He is searching for the principles that systematize and explain our particular moral judgments and intuitions.

However, not all of our previous judgments will necessarily stay the same under this reconceptualization. In examining what underlies our judgments, we may come to reevaluate some of those very judgments. Some may be seen, in light of the new theory, to be mistaken not merely because the theory says they are but because the theory helps us to see problems in our earlier reasoning. This complex process, in which "naive" judgments guide theory building, which in turn leads to some reassessment of the judgments, terminates in what Rawls dubs "reflective equilibrium," an optimally comfortable fit between initial

intuitions and the deeper account of them. This philosophical methodology is analogous to the complex interplay between theory and data in scientific investigation.

My use of Rawls's framework to conceptualize social work will proceed in a similar way. I want to systematize and explain (and occasionally correct) existing intuitions about social work practice. I believe that the organizing value of distributive justice is part of the relatively unrecognized deep structure that is generating those judgments. For this to be true, it need not be the case that social work issues have always been seen explicitly in terms of the concept of justice. Judgments broadly concerned with fairness, with altruistic impulses toward the deprived, and with feelings that it is wrong that some should lack basic goods in an affluent society may all be related to the sense of social justice, whether or not they have been labeled as such. The main point is that a good conceptual analysis is not primarily an attempt to change the nature of social work to accord with some narrow and transient theory. Rather, it is an attempt to enable the profession to see more clearly what it already is and to work more explicitly, and thereby more effectively, toward the goals to which it already aspires.

Several caveats should be noted before proceeding to Rawls's ideas and their application to social work. Rawls himself writes at a highly theoretical level and says nothing about social work, so that applying his ideas to social work involves borrowing, adapting, and extending his insights. Some of the ideas I will cite, being basic to the theory of justice, are to be found in the works of other writers, but Rawls's account provides a convenient systematization and point of reference. All claims about the nature of justice are, of course, controversial and open to debate, so the ideas cited here should be taken as a tentative dialectical beginning and not as established dogma. However, I believe that the aspects of Rawls's theory that are most relevant to my account of social work are likely to find their way into any reasonable theory of justice appropriate to our society, even if the details or the theoretical underpinnings should change.

Rawls's Theory of Distributive Justice

I now want to sketch very briefly some of the basic ideas of Rawls's theory of justice. These ideas will provide the theoretical context for my application, which will follow, of Rawlsian theory to social work.

Rawls, a contract theorist in the tradition of Locke, Rousseau, and Hobbes, sees the obligations of a state to its citizens as rooted in a hypothetical social contract about the nature of society's institutions and the distribution of society's benefits. The uniqueness of Rawls's approach lies in his integration of contract theory with certain elements of the Kantian moral tradition, where the source of ethical principles

is seen to lie in the nature of rationality, and every rational person is taken to be morally equal and deserving of respect. Perhaps it is easiest to explain Rawls's integration of contract theory and Kantianism by first considering what Rawls is arguing against. Rawls is firmly opposed to the utilitarian tradition, which he takes to be the standard version of liberal theory. Roughly, utilitarians believe that a just state should act so as to maximize the overall aggregate happiness of the population, producing "the greatest happiness for the greatest number." The problem with respect to utilitarianism that most worries Rawls is that the production of the greatest overall happiness might require seriously harming a few individuals. What, for example, if the misery of a few abused workers or slaves was more than offset by the increased happiness of those in power? Such abuse would then be consistent with utilitarian justice. In general, the utilitarian quest for the greatest aggregate benefit seems to ignore the absolute respect due each individual and justifies the state in harming, violating the rights of, or ignoring the needs of some people in order to obtain a greater overall benefit for others. Consequently, utilitarianism fails to account for our strong intuitions that individuals have some rights that must be respected and that cannot be overridden by the interests of others. Rawls attempts to construct a new theory of justice that accounts for these intuitions.

Our intuitions about respect and rights fit better with the Kantian notion that each person must be absolutely respected and must not be treated merely as a means to the ends of others than with the utilitarian position that some people may be treated as a means to the happiness of others. These Kantian principles are derived from the basic Kantian view that the rules of morality are just those principles that a rational person would choose to make into universal principles applicable to everyone, including himself or herself. For example, each person has interests that they do not want gratuitously harmed by others. Therefore, a rational person cannot consistently adhere to the universal principle that it is acceptable for one person to harm gratuitously the interests of others. It is Kant's position that this inconsistency makes it unethical for a person to harm gratuitously the interests of others.

As a Kantian, Rawls accepts the principle that moral evaluations are rooted in judgments about the rules of conduct that each person would agree to apply to everyone. The question is how to operationalize this difficult notion and apply it to the specific problem of justice. A reasonable suggestion is that the distribution of social benefits is fair when the rules that determine the distribution are those rules that rational persons would agree to apply to all members of their society, including themselves. However, identifying the rules to which rational persons would agree is notoriously difficult. This is where Rawls thinks that the notion of a social contract can provide crucial help. Instead of

reasoning directly about what system of justice would be chosen by any rational person, Rawls constructs a hypothetical decision procedure that captures the same idea but is more explicit in its structure and implications. The procedure is one in which rational and self-interested persons come together to decide on a social contract that will determine the structure of the society to which they will all belong. It is only the basic structure of the state that is negotiated and, specifically, the distribution of certain "primary" goods and evils that will result from social cooperation. The negotiating situation, which Rawls calls the "original position," is set up in a way that is fair (Rawls often refers to his approach as "justice as fairness") in that the participants are equal and each has veto power over any proposed agreement. The correct principles of justice are those that would be chosen by rational persons negotiating the basic structure of the state under such fair conditions: "The principles of justice for the basic structure of society are the principles that free and rational persons . . . would accept in an initial situation of equality as defining the fundamental terms of their association."[11] Of course, Rawls is not implying that such a contract was ever negotiated; it is simply an idealized conceptual tool useful for evaluating what is fair. Nonetheless, the idea of such a contract explains our moral intuitions precisely because it is implicit in our sense of justice. Indeed, our society's shared sense of social obligation and unity is rooted in our common understanding of the agreement we would reach in such a negotiation.

The contractors are assumed to be concerned only about their own pursuit of the good. However, they are also assumed to be under what Rawls calls a "veil of ignorance" so that they are not aware of their special tastes and dispositions, their prospective status or position in the new state, or even of their own conception of the good. The veil of ignorance is Rawls's device for representing within the original position the Kantian requirement that moral persons be impartial and that they not take into account peculiarities of their own desires or interests in deciding what is just. Given the veil of ignorance, the contractors can attend only to the rational structure of the situation and to the common needs of all rational agents who are potential citizens; the negotiators can do no special pleading on their own behalf, simply because they do not know enough about themselves or their fate in any proposed state to have anything about which to be partial. The veil of ignorance also serves to incorporate into the situation the pluralism of a liberal culture, for the negotiators do not know what sort of people they are, and therefore, in order to protect their own unknown interests, they must allow for the widest possible range of plans of life in the new state.

Rawls argues that under such conditions, not knowing what position one would occupy in the new state or what kind of life one would be

inclined to pursue, and therefore unguided by known circumstances or preferences, rational persons would choose to ensure that there was the least possibility of a horrible outcome. They would pursue a strategy that game theorists call a "maximin" (i.e., maximize the minimum) strategy, where the worst possible outcome is made as good as possible. Thus the negotiators would choose to live in that society in which the least fortunate members had the highest level of goods, being ensured a "social minimum" of the fruits of social cooperation. The obvious way to try to ensure that the least advantaged are as fortunate as possible is to divide up the benefits of social cooperation equally, thereby making everyone equally fortunate. Certainly in the area of basic liberties, rights, and opportunities, Rawls thinks the negotiators will opt for strict equality. However, total equality is not the optimal solution because some degree of inequality makes the entire system operate more productively, increasing the overall amount of social goods to be divided. With more goods to go around, a society with some inequality could be a society in which all members, including the most disadvantaged, are better off than they would have been in a totally equal society. The self-interested negotiators in the original position would, therefore, certainly accept such inequalities as part of the social contract if they were indeed following a maximin strategy.

The possible inequalities are of several types. They would be likely to include differences in power attaching to different occupational positions. However, this inequality is only justified if there is equal opportunity to compete for the more powerful positions, and Rawls insists that educational institutions should function to optimize the fairness of the competition by compensating to some degree for advantages due to the accidents of birth. Fair competition in the economic arena will also yield justified inequalities of wealth that serve as an incentive. Here again, it is the fairness of the competition, and not the nature of the outcome, that is the concern of justice. As a last example, some inequalities of salary will provide incentives to productivity or will induce those with the requisite talents to enter socially desirable occupations. By improving efficiency and thus increasing the overall amount of benefits to be distributed, such inequalities indirectly raise the level of the least advantaged through a "trickle down" effect, making the least advantaged better off than they would have been had the inequalities not existed.

The principle that inequalities in benefits are allowable only if they serve the interests of the least advantaged is called the "difference principle." Note that not all goods are affected by the difference principle; basic liberties and opportunities, for instance, are exempted and must be equal. Thus Rawls argues that equal rational persons in the original position under a veil of ignorance would choose to enter a state in which the basic structure was determined by the following

three principles, presented in order of priority: (1) each person has an equal right to the most extensive scheme of equal basic liberties compatible with a similar scheme of liberties for all; (2) social and economic inequalities are justified only if they are attached to offices and positions open to all under conditions of fair equality of opportunity; and (3) social and economic inequalities are to the greatest benefit of the least advantaged members of society (the "difference principle").[12] Rawls notes that these three principles are "lexically ordered," by which he means that each takes absolute priority over the remaining ones.

Rawls's theory has been criticized on many grounds, but none of his claims has been subject to more dispute than his notion that rational persons in the original position would choose a maximin strategy and thereby select the difference principle—that is, that they would choose to form a society in which the least advantaged are as well off as possible, no matter what it costs the other classes. Allen Buchanan states the problem as follows: "It has often been noted that the parties' choice of the difference principle depends upon the implausible assumption that they are extremely, indeed infinitely, averse to risk."[13] That is, the Rawlsian contractors have it within their power to formulate a contract that ensures that the least advantaged group is a small minority, thus making the odds of any given contractor ending up in the least-advantaged class very small. If the severe oppression of a small minority meant a substantially better life for the majority of other citizens, why would a rational person not take a gamble and agree to be a member of such a state? The terrible possibility of experiencing the least-advantaged life might be offset in the contractor's calculations by the unlikely eventuality of ending up there and by the additional benefits attached to the more likely outcomes. In this way it can be argued that Rawls has not adequately justified his egalitarian construal of the social contract, and that his contractual approach has not escaped the problem with utilitarianism—the possible abuse of a minority to benefit a majority—that motivated his theoretical endeavors.

I will not enter further into these issues here. The crucial feature of the maximin strategy, from my point of view, is that it leads to the establishment of a social minimum of primary goods below which nobody is allowed to fall. Whether or not Rawls's rationale for such a minimum is correct, it is clear that the belief that such a minimum is a requirement of justice is very widely shared, and this is sufficient to ensure the relevance of Rawls's framework. As Michael Walzer notes in speaking of possible reductions in welfare provisions, "Reductions would have to begin, so to speak, at the top, and they would have to be carried out in ways that did not weaken the position of the weakest citizens. This is a version of Rawls' difference principle that commands not only hypothetical but actual consent. It is expressed in the idea of a 'safety net.'"[14]

Primary Goods and Distributive Justice

Rawls grapples with the following fundamental problem: how can a pluralistic society, in which individual notions of the nature of a good life vary dramatically, still possess some common sense of justice as a basis for social unity? The answer derives from the very fact that all the participants in the social contract are rational persons who desire to pursue their individual preferences. The commitment to rational, goal-oriented action is common to all the participants and cuts across the plurality of values. Rawls's concept of justice is based on this commonality and addresses the needs common to all persons seeking to pursue their respective ends. The just, liberal state does not seek to impose a conception of a good life on its citizens, it merely treats them fairly in dividing up the socially produced means that enable each of them to pursue his or her own individual vision of a good life.

This yields the answer to a second critical question: exactly which goods need to be fairly distributed in order to obtain distributive justice? The answer is that justice demands the distribution of those all-purpose goods, including certain things, states, and relationships, that are universally desired because they are useful for pursuing any vision of a decent life. Rawls calls such goods "primary goods": "As a first step, suppose that the basic structure of society distributes certain primary goods, that is, things that every rational man is presumed to want. These goods normally have a use whatever a person's rational plan of life."[15] Rawls suggests "liberty and opportunity, income and wealth, and the bases of self-respect"[16] as goods that are subject to just distribution, but certainly there are others. Although the contractors in the original position are under the veil of ignorance and do not know their own preferences, and thus do not know exactly what they will need to carry out their life plans, they know that they will need primary goods because such goods are necessary to pursue any course of action they might choose. All the persons joining in the social contract will want a share in these inherently desirable goods, and they will negotiate a contract that guarantees that they all possess some minimal level of each of these goods.

Not all primary goods are socially created and socially distributed. Some goods, such as health and intelligence, are useful for virtually any life plan and, therefore, though they are primary goods, they are at least partly nonsocial in source and nature. Such goods are less subject to distributive considerations. There is a crucial distinction, then, between those primary goods that are social in their source and thus subject to considerations of justice, the "social primary goods," and those that are the result of natural differences between people and thus outside the purview of justice, the "natural primary goods." "For simplicity, assume that the chief primary goods at the disposition

of society are rights and liberties, powers and opportunities, income and wealth. (Later on . . . the primary good of self-respect has a central place.) These are the social primary goods. Other primary goods such as health and vigor, intellect and imagination, are natural goods; although their possession is influenced by the basic structure, they are not so directly under its control."[17]

It is important for my overall argument that possession of the natural primary good of health, and particularly of mental health, is not a matter of justice. Indeed, Rawls emphasizes that the theory of justice deals with the distribution of goods necessary for normal people to have in order to pursue their life tasks, and that provision for the disordered is a special problem that requires a different approach: "I . . . assume that all citizens have physical and psychological capacities within a normal range. I do this because the first problem of justice concerns the relations between citizens who are normally active and fully cooperating members of society over the course of a complete life."[18] There are two reasons for this restriction. First, it is only the common needs of rational agents that determine the primary goods, so a commonality of at least minimal rationality among the social contractors must be presupposed in order for the negotiation to yield a coherent theory of justice. The second reason lies in Rawls's emphasis on his "difference principle," stating that all social inequalities are constructed to benefit the least advantaged. The possible severity of disorders is virtually unlimited, so if the disordered were included in the reference group being considered in the original position, some of them would certainly qualify as least advantaged. The difference principle would then imply that all inequalities should be designed to advance the interests of the disordered, which seems absurd. Indeed, several writers, including Kenneth Arrow,[19] have pointed out that the state cannot guarantee a social minimum of physical or mental capacity to the disordered simply because this would introduce a potentially unlimited liability toward the disordered, to the neglect of other social needs.

Rawls is not alone in excluding treatment of disorder from the theory of justice. Many philosophers have argued that the main source of our special duty to help the disordered derives from simple moral principles of benevolence and charity rather than from any convoluted interpretation of the theory of justice. For instance, Allen Buchanan[20] has argued that a series of other moral principles overlap in such a way as to oblige us to provide a decent minimum of health care to the disordered, without the theory of justice entering into it at all. As I emphasized earlier, ethics covers a much broader range than distributive justice, which is concerned only with the fair allocation of the benefits of social cooperation. Many of our ethical intuitions are quite independent of any background assumptions about social contracts

and social cooperation. As Charles Taylor has pointed out, there are many ethical principles that we intuitively believe would apply even to the confrontations between passing nomadic tribes (e.g., do not kill innocent people, feed the starving) and, therefore, have nothing to do with social cooperation and distributive justice. The duty to prevent needless suffering seems to apply even to the suffering of animals, where there is no social contract and considerations of justice are irrelevant. The obligation to care for the ill appears to be another such principle.

Mental Health as a Natural Primary Good

Psychotherapy traditionally aims to improve the mental health of the client. Yet health—and for current purposes this will be interpreted to include mental health—is not a social primary good, so that traditional psychotherapy is not aimed at justice. It is true that mental disorder always interferes to some extent with the ability of the client to pursue effectively his or her interests, therefore, mental health is a primary good. The occurrence of physical or mental illness is not generally a matter of injustice, and the correction of ill health is not a matter of correcting an injustice, simply because health is not generally created and distributed according to social rules. It is undesirable, though not unjust, for a person to suffer a heart attack or to catch the flu, and it is undesirable, but not unjust, for someone to become schizophrenic or to develop a compulsion. Health is neither primarily distributed by the rules governing social arrangements, nor is it immediately and directly affected by changes in social arrangements, although it may be indirectly affected to some extent by such arrangements.

Although health is not a social primary good, the opportunity to be served by those who are expert in preventative or curative health care is a social good, and the fair distribution of such health care opportunities is a part of distributive justice. But the question of the just allocation of health care (e.g., whether market mechanisms suffice, or whether a social minimum of health care should be independently guaranteed) should be distinguished from the question whether ill health is in itself a matter of injustice. Justice requires that each individual possess a fair share of available social means for the pursuit of his or her life plan, but whether people succeed or fail in their endeavors is not in the province of justice; similarly, justice requires the fair distribution of the means to pursue the universal desire for health, without the occurrence of disorder itself being in the province of justice.

I have assumed, along with Rawls, that mental health and disorder are natural, rather than social, commodities and that they are not directly subject to distributive considerations. This seems plausible because mental health is concerned with inner psychological realities

that seem to transcend the social world in some ways, while justice is strictly concerned with the distribution of social primary goods. However, those who wish to see mental health as part of the domain of justice commonly attempt to circumvent the awkward fact that justice is social, whereas mental functioning is psychological, by reinterpreting all psychological functioning as social. For example, it is sometimes claimed that mental disturbances are essentially interpersonal and social in nature, or that the self and its properties are essentially social constructs. Such an account might maintain that "mental" processes are constructed through socialization, that they are distributed unfairly, and that, to add insult to injury, those who are deprived of their rightful share of psychological goods are labeled by society as mentally disordered and are persecuted even further. Psychotherapy is therefore an attempt to redistribute psychological traits and pathological labels that were unfairly distributed in the first place, that is, it is really a justice-related form of sociotherapy.

The view that the mental is really social in nature may possess a grain of truth, but it is also seriously misleading. Biological and genetic factors are recognized more and more as playing a substantial role in many forms of mental disorder, so that disorders cannot be said to be entirely socially constructed. Also, the notion that psychological disorders are always disorders of interpersonal functioning is simplistic and fails to acknowledge the reality and complexity of our internal lives. Mental disorders at least some of the time involve psychological processes that are not essentially social or socially constructed.

The analogy to physical disorders (presumably not socially constructed) is useful here. While it is true that a range of mental disorders, from anxiety attacks and obsessional thinking to schizophrenia and depression, can dramatically affect the quality of social interaction, it is also true that a range of physical disorders, from warts and cystitis to cancer and heart disease, can certainly do the same. The disorganization and anguish resulting from mental disorders are certainly social in their nature and implications, but no more so than the disorganization and pain resulting from physical disorders. Both mental and physical capacities have been evolutionarily selected in part to deal with the social environment and they possess social components and social meanings. Social causes also play roles in both kinds of disorders. In sum, just as physical disorders are intimately related to social functioning but need not be socially constructed, so mental disorders need not be socially constructed.

There is one elementary error worth considering because it is made with such frequency in discussions of this sort. This error involves confusing a concept with the things to which the concept refers. Every human concept is, of course, a socially constructed mental artifact, but this obvious fact should not be confused with the mistaken idea that

concepts always refer to something social. "Rock" is a word, and words are social conventions used for referring, but "rock" refers not to a social convention but to certain objects in the world that are not at all social in nature. This basic distinction between the concept and the things to which the concept refers is frequently ignored in social constructionist and labeling approaches to psychopathology. Even though the concept of mental disorder is entirely a social construct (as is the concept of physical disorder and of "rock"), that does not imply that a mental disorder is itself entirely a matter of social labeling or other social processes, and it certainly does not imply that all psychological processes are socially distributed and are therefore matters of justice.

Social Work and the "Transfer" of Primary Goods

Distributive justice is itself too broad to be the organizing value of social work. For instance, the question whether the great disparity between the incomes of doctors and nurses is fair is a question of distributive justice but it is far from the direct concerns of social work. The reason is that social work is not concerned with all injustices but only with those that constitute what may be called "deprivations." Deprivation may be understood within Rawls's framework as occurring when a person's level of possession of some good falls below the minimal level consistent with justice that I call the "social minimum." To be below the social minimum unfairly injures a person's chances for effectively pursuing their plan of life. These concepts are vague, but there is vagueness in the defining values underlying each of the professions. Moreover, as noted earlier, there is remarkably widespread agreement by liberals and conservatives on the appropriateness of measures to ensure that people stay above a social minimum, although the level of the minimum and how it should best be ensured are matters of debate.

Social work may be seen, then, as being concerned with an organizing value that can be called "minimal distributive justice," that is, with those aspects of justice connected with the social minimum and the prevention of deprivation. The purpose of social work is to see to it that anyone falling below the social minimum in any of the social primary goods is brought above that level in as many respects as possible. Social work would, therefore, belong to what Rawls dubs the "transfer branch" of society's justice-related institutions, the branch having the responsibility to ensure the social minimum. Its responsibilities include taking action at the social and individual levels to prevent deprivation and correcting inequities when the routine operation of institutions produces deprivation. In the midst of an otherwise competitive economy, "the transfer branch guarantees a certain level of well-being and honors the claims of need."[21] The sufficiency of the

actions of the transfer branch in ensuring that people do not fall below the social minimum is a critical test of how just a society is: "Whether the principles of justice are satisfied, then, turns on whether the total income of the least advantaged (wages plus transfers) is such as to maximize their long-run expectations (consistent with the constraints of equal liberty and fair equality of opportunity)."[22]

Note that Rawls seems to assume here that the transfer branch will be concerned only with transfers of income, and that all needs, including social and psychological needs, can be expressed, or at least ameliorated, in monetary terms. He uses income as a rough overall index of primary goods, partly to simplify the discussion (he calls this translation of all the goods into money the "simplest form" of his principles of justice)[23] and to avoid the difficult issue of how to compare different goods in those cases where trade-offs might be necessary. However, there is no reason to follow Rawls in this simplification. Minimal levels of each social primary good are essential to well-being, and not all goods are straightforwardly dependent on income. One example is the primary good of self-respect, with which I will be concerned in Part 2. Although Rawls sometimes assumes that adequate income and wealth are the critical sources of self-respect, elsewhere he asserts that the evaluative reactions of other people are also critical for a person's self-respect and that these reactions are certainly based on broader evaluative criteria than material affluence. Thus, to the degree that psychotherapy consists of the kind of human interaction that is critical for building a client's self-respect, and where that kind of interaction is not otherwise available to the client, psychotherapy can become a legitimate concern of the transfer branch.

It is the focus on minimal distributive justice that differentiates clinical social work from traditional psychotherapy. Social workers are properly concerned only with psychological problems involving primary goods and only with those clients who are most disadvantaged with respect to such goods. Even if two psychological problems are equally severe or painful, they might, as problems in minimal justice, be dramatically different in degree and therefore of different relevance to clinical social work. For example, a successful person whose opportunities for professional advancement are constrained because of a severe flying phobia may be suffering from a painful mental disorder but her problem is in no way the proper concern of the specialist in minimal distributive justice. In contrast, psychotherapists treat a disorder as a disorder, irrespective of broader justice-related implications, and quite rightly so, for that is the nature of their professional commitment. The person with the flying phobia would certainly and rightly consider it inappropriate for her psychotherapist to refuse to treat her on the grounds that her disorder did not bring her below the social minimum in some social primary goods.

Minimal Distributive Justice as the Organizing Value of Social Work

If the goal of social work is conceptualized as the promotion of minimal distributive justice, many distinctive features of the profession are explained that are left unexplained on most other accounts. Of all the secular professions, social work seems most deeply imbued with a spirit of moral fervor. This is understandable if the purpose of the profession is to pursue specifically moral goals of fairness and justice and if the profession's mandate is built upon an appeal to the public's sense of justice. It is not so understandable if the profession's purpose is to enhance social functioning, or to connect people and resources, or to manage dependency, and so on.

More than most professions, social work seems to have an extraordinary breadth of concerns, serving the economic, social, and psychological needs of individuals, families, groups, and communities. Few proposed definitions of the profession can account adequately for this multiplicity of activities. These varied concerns are explained by the fact that the sense of distributive justice applies to the entire gamut of society's primary goods, whether economic, social, or psychological, and the sense of justice demands a fair distribution of resources not only among individuals but among communities as well.

There is no concept more consistently associated with social work's purposes than "need." The idea of satisfying people's needs is certainly critical both to the conceptualization and the rhetoric of the human services. However, there are serious objections to making the concept of need the bedrock on which the profession's definition rests. The problem is that "need" is relative to goals; something is needed if it is necessary for the achievement of a goal. Thus, one needs a pencil to fill out a crossword puzzle and needs binoculars to see properly at the opera. Social work is clearly not concerned with all such needs but only with some set of "basic" needs. However, it is not at all obvious which needs should be considered basic in the relevant sense. If a need is a necessary condition for achieving some goal, then a basic need is presumably a necessary condition for carrying out some special kind of goal, which might be called a "basic goal." In order for need to provide a conceptual framework for social work, the set of basic goals must be specified. It must also be explained why these basic goals (unlike the desire to fill out a crossword puzzle or see the opera) imply some special moral obligation on the part of society to provide the related needs. That is, since the moral obligation to satisfy basic needs is not built into the concept of need itself, it must be explained in terms of the moral status of the basic goals which are being served. I suggest that the theory of minimal distributive justice provides the correct foundation for the concept of basic need, insofar as basic needs

are relevant to social work. Basic needs are those goods every person requires in order to pursue his or her life plan at some minimal level of effectiveness. These goods are guaranteed by justice to everyone, and it is the implicit appeal to justice that gives such needs their moral force and explains their centrality to social work.

The values of self-determination and respect for persons are traditionally taken to be especially central to social work's mission. While the general importance of these values is clear, the source of their special relation to social work is difficult to state. However, on the justice view, the goal of the profession is to provide needed resources that promote the abilities of autonomous persons to pursue their own distinctive visions of their lives. Such autonomous pursuit of an individual's ideal is just what self-determination and respect for persons are about. The value of self-determination and a profound respect for the individual's unique conception of the good are thus built into the foundation of the profession.

The "distributive justice" account also explains why a social worker is so often in the position of balancing individual and social interests, rather than of being an all-out advocate for the client. This is not merely a matter of institutional constraints on the worker, but reflects the nature of the profession. Justice is not necessarily a matter of maximizing the benefit to the client or of giving the client whatever is wanted. Justice requires that the client be given whatever is fair in relation to the minimum level of goods that a sense of justice demands. Determining what is fair for one person always involves balancing that person's interests against the interests of others. Thus, a distinctive society-individual tension is inherent in social work practice.

My account of social work is also consistent with the fact that social work intervention can take place at both the individual and the social level, both "retail" and "wholesale." Justice is a matter of allocating social resources fairly, and injustices can be rectified either by helping an individual to work within the current system to obtain the needed resources or by getting society to change the system of allocation. The justice account has no problem integrating indirect and direct services, policy and treatment, as justice-related interventions.

The justice account also explains certain characteristic limitations in the scope of social work. For instance, social work tends to take place at the interface between individuals and institutions. Social workers often provide the service of providing other services. This distributive role, raised to a central professional art in the recent emphasis on case management, fits naturally with the justice account of the profession. Furthermore, social workers run into objections whenever they devote their attention to a clientele that is not truly deprived. At the heart of the profession's essential mandate is the distinctive requirement that it be concerned with the allocation of goods to the deprived, those who are falling below the minimum just level of basic goods.

Social work, it is often said, is about "social functioning" or about "linking people and resources." A conceptual framework based on justice is consistent with these common views of social work. It both explains their appeal and defines their sphere of validity. Any profession concerned about minimal distributive justice would of necessity be concerned about the individual's participation in social institutions and hence in social functioning, although such concerns would be limited to those aspects of social functioning related to deprivation. This limitation is consistent with common intuitions; the wealthy person who wants to increase her level of social functioning in order to increase her earnings does not seem to be a proper target of social work intervention. Again, because injustice consists of an unfair mismatch between social goods and an individual's access to those goods, the traditional social work goal of linking people with resources is at the heart of justice-related practice. However, the justice perspective eliminates the unacceptable generality of the "resource" account of social work (not every person or organization lacking some needed resource is the proper subject of social work intervention) by identifying which linkages between people and resources genuinely qualify as part of social work's domain, namely, linkages in areas in which a lack of access is causing deprivation.

In sum, the justice approach to social work provides a natural and intellectually satisfying way of explaining many common intuitions about social work. It highlights the valid elements in earlier accounts of the nature of social work, while at the same time clarifying the reasons for the failure of those accounts. In particular, the essential and ineradicably social nature of distributive justice is what puts the "social" in social work.

The above remarks are not intended to be a systematic defense of the justice view of social work presented earlier, although they go a long way toward suggesting why my account is a plausible reconstruction of the intuitions underlying the profession. A fuller defense would require a careful comparison with other proposed frameworks, a consideration of the fields of social work and how they each fit under the justice conception, and a systematic exploration of the applicability of the justice approach to practice and professional education. These topics will be pursued elsewhere.

I have now sketched Rawls's view of justice, extracted from it a conceptual framework for social work, and defended that framework as a plausible one. In Part 2, I will consider the relation of the Rawlsian framework to the practice of psychotherapy.

Notes

1. See Daniel Goleman, "Social Workers Vault into Leading Role in Psychotherapy," *New York Times* (April 30, 1985), pp. C1, C9

2. See, e.g., Bernard Ross and Charles Shireman, eds., *Social Work Practice and Justice* (Washington, D.C.: National Association of Social Workers, 1973).
3. David Beverly and Edward McSweeney's recent *Social Welfare and Social J* (Englewood Cliffs, N.J : Prentice-Hall, 1987) is fairly typical of the literature in se respects, despite its many merits. The authors automatically associate the purs justice primarily with policy formation and social action (chap. 1), they see the rele of mental health services to justice primarily as a problem in allocation of health services, rather than seeing therapy itself as a serious justice-related intervention they are generally disparaging of the therapeutic enterprise (chap. 8).
4. The approach I adopt is philosophical, not sociological. It is rooted in the cla especially Platonic, conception of a profession as a craft aimed at some particular
5. See the comments on this point in Beverly and McSweeney.
6. John Rawls, *A Theory of Justice* (Cambridge, Mass.: Harvard University Press, 1
7. For comments on the social minimum, see ibid., pp. 276, 285, 304, 316.
8. Ibid., p. 4.
9. See, e g., John Longres, "Reaction to the Working Statement on Purpose," *Work* 26, pt 1:85–87
10. Ibid
11. Rawls, p. 11.
12. See John Rawls, "Social Unity and Primary Goods," in *Utilitarianism and Be* ed A Sen and B. Williams (Cambridge: Cambridge University Press, 1982), pp 62
13 Allen Buchanan, "The Right to a Decent Minimum of Health Care," *Phil and Public Affairs* 13, no. 1:60.
14 Michael Walzer, "Justice Here and Now," in *Justice and Equality Here and* ed. Frank Lucash (Ithaca, N Y.: Cornell University Press, 1986), p. 142.
15. Rawls, *A Theory of Justice,* p. 62.
16 Ibid
17. Ibid
18. Rawls, "Social Unity," p. 168.
19 See, e.g , Kenneth Arrow, "Some Ordinalist-Utilitarian Notes on Rawls' Th of Justice," *Journal of Philosophy* 70, no. 9:245–63.
20. Buchanan, pp. 55–78. See Norman Daniels's reply in *Philosophy and Public A* 14, no. 1:106–10.
21 Rawls, *A Theory of Justice,* p. 276.
22. Ibid , p. 277
23. Rawls, "Social Unity," p 162.

Alternative Criteria for Theory Evaluation

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The development of a meaningful scientific framework for social work research requires an approach that reflects contemporary understandings of social scientific thought and is consistent with the values of the profession. The purpose of this article is to assist in the development of this framework by proposing new criteria for evaluating theories. These critiera are based on a social constructionist perspective of human beings and a responsiveness to social work ideology and practice.

Recent social work literature has been replete with essays on the appropriate form of a scientific social work. Several approaches have been advocated ranging from pluralism to scientific orthodoxy.[1] For many involved in this dialogue, there are two major tasks: to develop or adopt a perspective that (1) neither limits science to a narrowly defined empiricism nor leads to epistemological anarchy (i.e., "anything goes"); and (2) can accommodate the distinctive nature and mission of social work. The objective of the first task is to keep social work inquiry abreast of the considerable changes that have occurred in the philosophy of science and other social sciences over the past 25 years. The second task is necessary for such a science to be viewed as relevant to social work practice.

A minimum requirement for a social work science is the specification of criteria by which social workers can assess the relative merits of competing theories. However, it is in this area that proponents of "alternative" approaches have been deficient.[2] This article proposes

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alternative criteria for theory evaluation in social work. The rationale underlying our criteria is based on a social constructionist metatheory and the belief that the ideological and value positions of the social work profession constitute legitimate and necessary standards for evaluation.

The present analysis is divided into three sections: (1) a brief discussion of theory evaluation in science and its relationship to social work research; (2) a description of the basic assumptions and implications of a social constructionist perspective; and (3), based on the arguments in (1) and (2), a discussion of alternative criteria for theory evaluation.

Theory Evaluation

A long-standing debate in the philosophy of science concerns how science should evaluate theories. Theories are always evaluated in a *relativistic fashion. They are judged in relation to competing theories* according to criteria subscribed to by members of the relevant scientific community. The notion of competitive theories is noncontroversial. Most scientists (and philosophers) would agree that the merits of a theory can only be assessed in comparison to its competitors. Thus, confidence in theory *A* is meaningful only if it meets the relevant evaluative standards better than its rivals.

The controversial aspects of theory evaluation concern the the suitability and application of epistemological criteria to assess theories.[3] While generating a list of such criteria is fairly easy (e.g., predictive accuracy, internal consistency), scientists, especially those in competing camps, often disagree on how to apply these criteria, their relative importance, or even the degree to which a theory is supported by a given criterion. For example, is the superior generality of theory *A*, that is, its ability to explain a wide range of phenomena, preferable to the greater heuristic value of theory *B*?

In a recent analysis, Laudan shows that theoretical disagreements can occur at any, or all, of three interrelated levels: the substantive level, or the content of theories; the methodological level, or the procedures used to evaluate theories; and the axiological level or, in other words, the aims of science.[4] These levels are interrelated and each can affect judgments about the other. Theories constrain and are justified by methodology; methods lead to the realization of aims and are in turn justified by them; and theories and aims stand in harmonious relationship to one another. Thus a first step in resolving theoretical disputes is to determine the level(s) at which such disagreements exist. Disagreements at the level of substance or method are potentially amenable to empirical resolution. For example, given agreement about the goals of science, it may be possible to decide whether theory *A* is more accurate than theory *B*, or whether a particular methodology is

likely to generate meaningful data. However, disagreements at the axiological level are more intransigent because there are no commonly accepted scientific criteria for evaluation.

Current debates in social work about the best approach to science concern primarily methodological and axiological issues. For example: is a theory that is supported by controlled experiments superior to one that relies on data from participant observation? Is the purpose of a social work science the control of human behavior or an understanding of the differential life experience of human beings? There is interdependence between method and aims. That is, aims often determine acceptable methods, and settling on particular methods (e.g., experimental design) may influence the range of acceptable goals (e.g., the discovery of causes).

Laudan suggests epistemological criteria for resolving disagreements about axiological claims.[5] For example, if a goal can be shown to be unrealizable or if it is inconsistent with the way proponents of the goal actually practice science, it can be rejected on rational grounds. While criteria such as these may strengthen the argument for one or another scientific aim, the belief in particular aims probably goes beyond their consistency with certain epistemological criteria. Just as theories may mirror the ethnocentric values of their developers (e.g., Kohlberg's theory of moral development),[6] views on the aims of science reflect a range of cultural beliefs and nonepistemological criteria.

Epistemological criteria cannot tell us, as Laudan readily admits, what the aims of science, particularly a social work science, should be. Yet this is a central question for a profession struggling to develop its scientific niche. Determining aims requires going beyond the use of epistemological values. In our view, these aims must be based on two sources: a metatheory or worldview and the goals and ideology of the profession these aims serve.

Social Constructionism

Social constructionism provides a metatheory for the production and interpretation of knowledge about human beings. Modern social constructionism is, in part, a response to the well-documented inadequacies of positivist epistemologies,[7] the proliferation of "interpretivist" perspectives (e.g., hermeneutics and ethnomethodology), and the attempt to develop a truly meaningful science of human behavior.

Four basic interrelated assumptions constitute constructionist ideology.[8] Briefly stated, these are: (1) Common understandings (i.e., beliefs and interpretations) of the world do not gain their authority through observation or direct, "decontextualized" experience. Rather, understanding is largely a function of linguistic conventions as well as cultural, historical contexts. (2) Understanding occurs through a process of

social interaction grounded in culturally and historically circumscribed meanings. (3) Dominant forms of understanding are based on social processes rather than empirical validity. That is, those beliefs that are most salient owe their status more to social factors than straightforward evaluation of evidence. Furthermore, the rules guiding such understandings are dynamic, ambiguous, and related to the preferences of the users. (4) The description and explanation of social phenomena constrain certain patterns and reinforce others and thus have substantial import for social life.

Several important implications for social research follow from these assumptions: the challenging of the so-called objective basis of understanding and the investigation of its cultural, historical foundation; recognition that assumptions about human behavior are frequently buttressed and sustained by societal institutions that benefit from these assumptions; investigation of the constraining influence of forms of understanding; and the reassertion of moral values for evaluating scientific research.[9]

The objective basis of understanding.—Many "obvious" categorizations of the world (e.g., individual and society, thought and emotion) are not given in nature but, rather, are the products of collective sense making. To the extent that these constructions are regarded as self-evident truths, they are immune from critical scrutiny. In research, such unexamined "truths" may form the conceptual foundation for scientific investigations.[10] For example, Morawski has shown how scientific efforts to delineate concepts of masculinity and femininity were inextricably tied to stereotypic notions of gender.[11]

Institutional support for assumptions about human behavior.—In a penetrating analysis, McCrea describes how the development of synthetic estrogen led to the conceptualization of menopause as a deficiency disease.[12] Such a definition has clear economic consequences for the medical establishment. Moreover, this conceptualization empowers physicians to define menopause as an individual problem without attending to its societal context. Specifically, McCrea argues that medical definitions of menopause are based on sexist stereotypes and interpretations of the normal aging process as a disease.

The constraining influence of forms of understanding.—Commonsense understandings of social acts direct social intercourse. For instance, if two people interact in a manner in which the action of one of them is interpreted as "helping," this interpretation imposes certain constraints on the actions of the recipient of that help. This occurs because of a shared understanding about normative responses to an act of help (e.g., saying "thank you"). In contrast, a nonnormative response such as crying would require explanation in order to make sense.[13] A social worker who forgets that helping is socially negotiated may be puzzled when his or her "helping relationship" with a client elicits anger rather

than gratitude. In such circumstances the worker may try to make sense out of the client's behavior by, for example, asking for an explanation of this "aberrant" response or by assuming a psychological problem on the part of the client. Conversely, the successful negotiation of the worker's behavior as helping will tend to elict normative responses such as gratitude and cooperation that, from the worker's perspective, do not require explanation. The point is that help, like other commonplace social events, is socially negotiated by people in a relationship and has no independent empirical existence. Furthermore, its social definition demarcates the range of responses that would be considered rational.

In addition to the influence of commonsense understandings, dominant explanations and metaphors of social life have a significant impact on the way people think about themselves and act. For example, viewing "mental illness" as primarily a medical, rather than a social, phenomenon may have profound implications for preventive action.[14] At a broader conceptual level, conceptualizing persons metaphorically as machines encourages certain types of investigations while excluding others.[15]

Common understandings of social acts and dominant knowledge forms derive their importance, in significant part, from the reflexive nature of human behavior and social research. While the term "reflexive" is used in several ways, the most common meaning within social research refers to people's awareness of and response to their participation in a research study. These "reactive effects" are regarded as obstacles to producing valid research findings, and their elimination or control is one indication of the soundness of a research study.

Researchers, too, exhibit reflexivity ("experimenter effects"). However, once again the object is to remove these effects from the data. Since, within the research context, researchers have a disproportionate amount of control relative to subjects, understanding researchers' behavior is important for making sense of the study's results. Only rarely, however, have the activities of researchers (the social and behavioral dimensions of researching) been the focus of inquiry. This may be due to the nonreflexive nature of traditional research itself, which does not question its own assumptions,[16] and the difficulty of applying traditional methods to this topic. For example, how does one experimentally assess the manner in which researchers negotiate data with each other and their subjects? When the activities of scientists have been the subject of scientific inquiry (using anthropological methods), the results have suggested the importance of "extrascientific" factors such as beliefs, values, and social norms to a study's reported outcome.[17]

The second sense in which reflexivity is used is to refer to the responses of people outside the research setting to scientific findings.[18] For instance, scientific beliefs about the nature of children have had a marked influence on the way children are treated and their subsequent

development.[19] Similarly, beliefs about the nature of marital dysfunction and mental illness have influenced people's views of themselves, their definitions of problems in these areas, and the interventions developed to ameliorate these problems.[20] That these scientific "truths" are based on a system of cultural values does little to diminish their authority.

These consequences of reflexivity suggest how research contributes to the construction of human social life. Thus a more expansive consideration of theoretical explanations and research outcomes appears warranted.[21] For instance, it becomes important for theories and models of human behavior and social life to attempt to capture the richness and complexity of human beings and avoid descriptions that are dehumanizing or impoverished.[22] Furthermore, methodological constraints should not force researchers to develop simplistic models to accommodate their scientific tools.[23] The acknowledgment that as scientists we are as much the creators of human behavior as its discoverers suggests a rethinking of the role of values in science. This leads to the fourth implication of the social constructionist perspective for research.

The reassertion of moral values for evaluating scientific research.—Since there is little justification for any particular conclusion on the basis of facts, and since the conclusions that are promulgated have important implications for human behavior, it is necessary to consider additional criteria for the evaluation of scientific beliefs. These criteria are moral and ethical values. In social work these criteria derive from the values of the profession.

A distinctive feature of social work has been its commitment to a value base aimed at promoting a particular vision of social justice. These values help set social work apart from allied disciplines and professions. The evaluation of theories must consider their relationship to these values.

To summarize, theory evaluation in science has been based traditionally on several criteria such as internal consistency and parsimony (i.e., epistemological values). Difficulties in deciding among competing theories arise because of differences in the interpretation of these criteria as well as the weighing of their relative importance. Particularly troublesome is the situation in which theoretical conflict is based on different views of the aims of science. While epistemological values have potential for addressing these axiological conflicts, they do not address the issue of what aims are most appropriate, nor do they speak to the moral and political views inherent in research. These two requirements for theory evaluation, the delineation of aims and the explication of nonepistemological values, suggest a metatheoretical framework that describes assumptions about the nature of reality and a source for determining preferred values. To this end we propose social constructionism and social work values as an organizing framework for a social work science.

Social Work Research and Values

The profession of social work is based on several moral and ethical claims (e.g., that people have the right to self-determination). The objectives of social work practice are consistent with those claims, that is, the liberation, empowerment, and self-actualization of people. Achievement of these practice goals requires that social work research aim beyond technical control of behavior in which clients (subjects) are conceived of as objects and individuals as clusters of behaviors rather than creating, thinking, feeling human beings.[24] It requires that the goals of research be in accord with the ideological orientation of the profession.

These alternative goals imply an interest not only in behavior but also in its meaning. What the traditional researcher defines and measures as a particular behavior is, for the observed individual, a meaningful, intentional action.[25] Usually, such action can be related to "a plan more or less implicitly perceived."[26] The meaning and purpose of the individual's action within the context of his or her worldview becomes the focus of the social work researcher's understanding. The social construction of such meaning makes mutual understanding possible. Describing the characteristic meaning systems of various groups (e.g., ethnic minorities, professionals) and how these systems define what is required as well as what is possible becomes an important objective of social work research.

Earlier, it was noted that methodological and axiological issues (as well as substantive claims) are interdependent. Therefore, broadening the scope of theory evaluation also has consequences for method. In traditional research the epitome of scientific methodology is the controlled experiment. This method is consistent with underlying assumptions about the nature of reality, the lawfulness of behavior, and the value placed on achieving dominance over nature. For example, experiments are structured so as to isolate particular cause-effect relationships presumed to exist independent of researchers' or subjects' beliefs or interpretations. Explanations of social life are believed reducible to general causal laws. Such laws can lead to precise predictions and, by implication, control of human behavior. Within the context of these methods, nonepistemological criteria have no place.

The assumptions underlying experiments make them ill-suited for the study of socially negotiated meanings, linguistic understandings, or cultural and historical traditions. What is needed are methods for explicating the underlying assumptions of actions and the social meanings they signify. Concurrently, the assumptions of the researcher must come under scientific scrutiny.

While a discussion of methods is beyond our present scope, several approaches appear compatible with the perspective presented in this article. Examples include repertory grids, autobiography, and dialogical

inquiry. Repertory grids were originally developed by Kelly as part his theory of personal constructs.[27] The repertory grid is a techniq that assists in learning the concepts that people use in thinking ab or acting in a particular situation. The technique is unusual in tl the concepts studied are generated by the research participants ratl than the researchers.[28] Autobiography attempts to go beyond wha representative of people to what is unique to their personal histor and beliefs about their past.[29] Dialogical inquiry emphasizes the tv way communication and collaborative relationship of researchers a research participants.[30] These methods have produced a substant number of studies addressing a wide range of issues.[31]

Social science and its products are infused with moral and politi assumptions. As such, science can be used to provide "objective tru status" to dominant societal beliefs[32] or to increase awareness of t processes by which knowledge is created and validated. The latter g may also make it easier to generate alternative explanations and theori Once the idea of socially constructed knowledge is taken seriously, t contribution of social science to these constructions becomes paramou For example, adding scientific credibility to exploitative cultural beli contributes to the generation of deviance and reinforces stigma. contrast, scientific legitimation of multiple cognitive, cultural, and l havioral styles can facilitate understanding of contextualized soc behavior and promote social justice.

Theory Evaluation

Social theories are abstract generalizations that serve to define a give structure to human experience. They originate among collectivit of individuals who share a particular set of goals, activities, valu and interests and who thus construct their "regimes of truth."[33] Th provide explanation, coherence, and moral direction for the life periences of people. Traditional criteria for theory evaluation are adequate to meet the demands of a constructionist metatheory a social work ideology. A first step toward remedying this situation is propose additional evaluative standards. Based on our previous analy four interrelated criteria are described. Theories that address or c respond to these criteria are, all else being equal, preferable to ri theories not meeting these criteria.

Criterion 1: The theory should be explicitly critical.—A theory is criti to the extent that it includes a reflexive element concerning its historic cultural, and political/economic significance. Critically reflexive thec has a liberating potential because it attempts to expose unquestion inherited truth, and proposes alternative conceptualizations.[34] N mative and cognitive assumptions are explicitly interpreted in the lig of a critique of the whole culture and society. Such theories contribu

to the demystification of established power and truth. Rather than viewing cultural and historical biases as prejudices or obstacles to knowledge, they are understood as conditions thereof.[35]

Theoretical analyses with critical elements have helped to strip away the aura of objectivity from the taken-for-granted character of beliefs about such issues as gender,[36] anger,[37] and childhood.[38] Critical theories are particularly important for conceptualizations of culturally disadvantaged groups. For instance, several feminist scholars have noted the difficulty of transcending a cultural and scientific system that is dominated by a patriarchal ideology.[39] Similar issues have been raised in the study of black children.[40]

Recognizing the critical aspect of theory might also influence the direction of research. For example, rather than focusing on poverty and its disabilities, social work researchers might concern themselves with the social destructiveness of inordinate wealth. They might investigate the implicit violence in contemporary concepts of power and the institutional legitimation of selfishness within political and economic theories. In short, these theories could challenge the dependence of scientific beliefs on the status quo and the claims of immutability and objectivity of scientific beliefs by exposing underlying cultural and political assumptions and moral positions. An illustration of such a challenge can be found in the work of Foucault on the "archaeology" of the prison.[41]

Criterion 2: The theory should recognize that humans are active agents.— This criterion demands that theories and evidence for theories be evaluated relative to their recognition of human beings as active agents. Agents are capable of reflecting on their actions, surmounting temptations and distractions to achieve objectives, restraining desires, and adopting new principles.[42] Actions are seen as "performed in *accordance with* rules rather than *determined* by causes."[43] Thus conceptualizations of people as mechanically responding to stimuli (environmental or unconscious) are less desirable than theories conceiving of people as agents acting in accord with their beliefs and intentions. Humans act, not simply behave.[44]

Social theories are by and about human beings who are capable of self-transformation. Social work theories emphasizing this exceptional human characteristic help to foster individual and institutional change.[45] This position contrasts importantly with deterministic theories, with arguments from biology, or with quasi-mechanistic interpretations. For example, theories of mental health that emphasize competence and creativity are more supportive of self-transformation than those concerned only with explanations of mental illness and its treatment. Viewing people as agents shifts interest from the exclusive concern with the "causes" of behavior to the meaning of social acts. Theories that attempt to explicate these meanings and the underlying processes

from which they arise would be superior to theories ignoring this dimension of human existence. The work of Goffman is exemplary in this regard.[46]

Criterion 3: The theory should account for the life experiences of the client.—Social scientists do not have an exclusive or superior right to attribute meaning to human experience. To the extent that social science is about human action, it must take into account the meanings people infuse into their experience of the world. In an important sense, each individual may be thought of as laying claim to a personal protoscience in terms of which he or she makes sense and grants coherence to past experience.

Social work theories are commonly about individuals and classes of disadvantaged persons. The understanding of the meanings that these persons give to their worldview must become an integral part of social work science. Rather than standing aloof, confident in scientific wisdom, social work theories must include clients' opinions as well as their commonsense truth and reality. Such understanding is necessary for the construction of theories that are meaningful to social scientists, social workers, and clients.

Social theories grounded in commonsense understandings will be relevant to the life experiences of people. Attention to language and the way it influences perception and interpretation is necessary. This can be seen in theories that substitute less informative "scientific" terminology for rich cultural understandings. For instance, eliminating the common expression "help" in favor of the decontextualized concept of "helping behavior" obscures the moral distinction between help as succor, or helping a person who is totally incapacitated, and aid, helping a person with some capability who needs assistance.[47]

Theories must make sense to both client and scientist, not only cognitively but also morally and politically, in order to promote self-understanding and liberation. Liberation in this context means the maximization of each individual's and each group's ability to act and give shape to their own destiny. For example, a theory explaining certain activities of an ethnic minority must be rooted in the cultural and historical traditions and linguistic conventions of that group. Such a theory is likely to be descriptively more precise, morally more justifiable, and politically more desirable than perspectives that do not derive from the unique experience of the target group. Similarly, Gliedman and Roth contrast theories of handicapped children based on deviations from able-bodied norms with those based on the life experiences of the handicapped child.[48]

Criterion 4: The theory should promote social justice.—The principle of social justice is implicit in the preceding three criteria. Justice means the liberation of groups and individuals from the arbitrary control of

others. It means the expansion of human rights and the legitimation of human variability. It means providing opportunities to individuals and groups that are least advantaged and the promotion of the material and spiritual equality of all.[49]

The criterion of social justice concerns the application of social work's value position to theory assessment. We have argued that the attempt to suppress values in the name of "objective" truth is not only unjustified but also potentially dangerous. Theories that depict human beings in impoverished or morally reprehensible ways are to be rejected on the basis of values. Such positions cannot be justified on the basis of immutable facts generated from value-free research.

In the final analysis, social work theories are judged by their applications to practice. Theories that direct practice toward the promotion of social justice and human liberation have relevance for social workers at individual, group, community, or societal levels. This requires that implicit and explicit theoretical propositions be extended into the instrumental sphere and examined for how they promote or restrict justice. For example, a theory that holds people personally responsible for their misfortune or that justifies human suffering on "evolutionary" grounds is inferior to one that recognizes the force of social and economic inequities.[50]

Conclusion

The specification of alternative criteria for theory evaluation represents a beginning step toward the development of a social science consistent with social work's mission and goals. Several avenues of inquiry need continued development. A logical next step would be to examine prominent social work or social science theories in light of the criteria proposed. At the very least, this type of investigation might clarify the underlying tenets and implications of these theoretical perspectives. A related area of research is the analysis of commonly used concepts germane to social work. The meaning of concepts such as mental health, poverty, therapeutic change, and deviance exert considerable influence over the social work view of the world and the interventions developed and applied. These concepts should be the focus of critical social work inquiry.

The concept of reflexivity suggests a third area of future research. Social work researchers must begin to recognize the role their investigations play in creating rather than only discovering social phenomena. Second, increased attention should be given to understanding researchers and practitioners and how they formulate their judgments. Focusing on reflexivity can have important implications for enlarging the scope of inquiry as well as the problems to be solved.[51] Finally,

development of innovative methodological procedures that provi both relevant and enlightening perspectives of ourselves and our wo constitutes a continuing area of need.

In this article we have proposed that social work research expa beyond traditional conceptions of theory evaluation to include ad tional criteria: explicit criticalness, recognition that humans are acti agents, grounding in the life experiences of the client, and the promoti of social justice. These criteria reflect new directions in social scienti thought and give expression to the unique value-based mission of t social work profession.

Our aim is to offer a perspective of social work research that w enlarge human understanding in a manner that is politically and ethica coherent. Human rights and liberties are given primacy, and ordina life experiences and understandings are taken seriously. The adopti *of a social constructionist perspective promotes a worldview that* open to many truths. None of these can lay claim to being the fir word. The particular truths we seek for social work are embedded our special understandings and commitments as social workers. It from this base that we must proceed.

Notes

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Deliberate Misdiagnosis in Mental Health Practice

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A survey using clinical social workers as informed observers of mental health practice provides the basis for the exploration of an unrecognized but widespread form of diagnostic error that we term "deliberate misdiagnosis." The survey found that the misuse of the *Diagnostic and Statistical Manual of Mental Disorders*, 3d edition (*DSM-III*) in under- and overdiagnosing clients is often intentional. This paper discusses the nature, rationale, context, and consequences of deliberate misdiagnosis

Mental health practice, like other kinds of endeavor, is not error free. An incorrect diagnosis may be made, the wrong treatment may be employed, or the patient may be neglected. Even under the best circumstances, unintentional mistakes are made because knowledge is incomplete or intervention technology is too crude to achieve the desired objectives. Mistakes and failure in these situations are regrettable but inevitable when dealing with the uncertainty and ambiguity of individual cases.

Other unintentional errors are made through carelessness, ignorance of readily available knowledge, unrefined skills, or poor professional judgment. The constantly changing psychiatric nomenclature and coding can lead to additional confusion.[1] These mistakes are less for-

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givable and keep lawyers and insurance companies busy processing claims of malpractice.[2]

A third type of error is not really a mistake in the same sense as used above. It is an act that is deliberately inaccurate. Such acts are legal and ethical transgressions involving deceit, fraud, or abuse. Charges made for services not provided, money collected for services to fictitious patients, or patients encouraged to remain in treatment longer than necessary are examples of intentional inaccuracy.[3] These activities are more likely to be reported by journalists than by the professionals who may abhor such practices but believe that they occur too rarely to be consequential. Very little has been written about these kinds of legal and ethical misdeeds in the mental health field.[4]

There has long been a serious concern among mental health professionals about unintentional errors made in diagnosis. Diagnosis describes the major distinguishing characteristics of a disorder and is intendec to guide treatment planning. For research, it provides a conceptua building block for scientific knowledge. In practice, using a forma clinical label is frequently required for reimbursement by third-party insurance companies and governnment programs. Recently adoptec Diagnostic Related Groups (DRGs) have made medical diagnosis the foundation for the financing of health care. Consequently, diagnosti practices have direct fiscal consequences. Diagnosis in mental health now more than ever before, is a business act as well as a clinical one And the business of mental health is getting more competitive.[5] Diagnosi increasingly provides a mechanism for clinicians to be reimbursed an for clients who cannot afford treatment to get the service they need For these reasons and others, much attention has been devoted t improving the accuracy of psychiatric assessment.

Misdiagnosis, while unfortunate, is usually viewed as remediabl through increased knowledge, better training, higher standards fo practice, and better, more reliable classification systems. But in numerou conversations with practicing clinicians, we became aware of anothe source of diagnostic error that appeared to be commonplace but in tentional. We call it "deliberate misdiagnosis," and it is the subject o this article.

In 1980, the American Psychiatric Association adopted the thir edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM III*), which it claimed would significantly reduce the unreliability c psychiatric diagnoses.[6] *DSM-III* attempted to codify scientific knowledg about mental disorder and specify objective criteria for diagnoses t limit errors of subjectivity. It was also intended to serve as an aid i teaching about psychopathology. The new diagnostic system attempte to provide an atheoretical, descriptive approach to classification. Prom inent features of this manual included specific diagnostic criteria fc each disorder, algorithms to aid decision making, and a multiaxi

framework for assessment.[7] Field trials among clinicians convinced the architects of *DSM-III* that reliability of diagnosis would be greatly improved under the new system.[8] Despite these extensive efforts, the elimination of unintentional diagnostic errors has remained elusive.[9]

Since the introduction of *DSM-III* there has been an extended debate about its achievements and deficiencies.[10] Much of this discussion has focused on the structure of the diagnostic system. There also has been some exploration of its actual use by practitioners, as distinct from use by reseach psychiatrists and psychologists.[11] Has the scientific advance in psychiatric diagnosis that was anticipated when *DSM-III* was published been reflected in the diagnostic practices of those who use it? This study was designed to explore the actual usage of *DSM-III* by mental health professionals and to examine common diagnostic practices. The practice of deliberate misdiagnosis was one major discovery of this more general inquiry.

It is well established that unintentional diagnostic mistakes in mental health are commonplace, whether due to the limits of professional knowledge, the inadequacy of clinical training, or the unreliability of diagnostic classification systems.[12] But mistakes stem not only from the limits of knowledge and technique or from careless practice but also from perceptual distortions that occur in interaction. For example, we know that social context affects the psychiatric interpretation and labeling of behavior.[13] Clinicians' assessments are also unwittingly influenced by suggestions or prior labeling by colleagues.[14] And, of course, there are situations where two clinicians simply disagree about the diagnosis. This situation is frequently illustrated by contradictory psychiatric testimony provided at criminal trials.[15] These events, and a host of diagnostic studies, suggest that psychiatric diagnosis is easily influenced and unreliable.[16]

Methodology

Although *DSM-III* is a resource to all of the mental health professions, clinical social workers were chosen as the respondents for this study because they constitute the largest group among mental health professionals, and because they practice in all types of settings.[17] Moreover, social workers frequently work in interdisciplinary teams.[18] They can be considered reliable and credible informants about the use of *DSM-III* in different settings and by different mental health professionals.

The participants in this study were a 10-percent random sample selected from the 1985 edition of the National Association of Social Workers's (NASW) *Register of Clinical Social Workers.*[19] The *Register* lists over 8,000 social workers who are experienced in clinical work. To qualify for listing in the *Register,* a social worker must have a master of social work (MSW) degree with at least 2 years of experience and

must be a member of the Academy of Clinical Social Workers or b state licensed at an equivalent level. The NASW *Register* was use because those listed were likely to be familiar with *DSM-III*.

Each person selected was mailed a seven-page, 90-item questionnair The questionnaire used some items from previous surveys but containe new questions as well.[20] A draft of the questionnaire was preteste with 50 practicing social workers who had extensive clinical experienc Following the pretest, the questionnaire was modified slightly. Th final questionnaire contained items concerning the respondents' attitud and opinions about psychiatric diagnosis and *DSM-III*, actual diagnost practices that they had observed, the frequency of and reasons fo their use of *DSM-III*, and their professional background. Finally, solicited other open-ended comments.[21] This paper discusses the fin ings related to the diagnostic practices that social workers have observe among mental health professionals.

A total of 884 questionnaires were mailed. Of those, 37 were return by the post office "addressee unknown." Of the remaining 847, 38 were returned for a 45 percent response rate that is comparable other such surveys.[22] Nine questionnaires were unusable, and 11 we returned after our cutoff date, leaving 362 responses for this study

Findings

The sample was demographically similar to characteristics of soci workers reported elsewhere. A 1984 survey of the membership of th NASW, a major professional organization of 100,000 members, foun 70 percent were female, 90 percent white, 90 percent had an MS as their highest degree, and 46 percent were licensed to practice soc work by their state.[23] Among the respondents in this study, two-thir were female, 11 percent were minorities, and 95 percent had maste degrees in social work. Respondents had a median age of 47 and ha 17 years of post-master's experience. Nearly 80 percent were employ full-time and 19 percent part-time. Although many were primar employed in social agencies, 70 percent spent at least some time private practice. Over 95 percent of those who practiced in states wi social work licensing were licensed. Ninety-two percent indicated th they frequently provided direct clinical services, and 76 percent c scribed their primary field of practice as mental health/psychiatric. short, the sample is composed of experienced clinical social worke in the mental health field.

Familiarity with DSM-III

As a group, the respondents were familiar with *DSM-III*. Twenty-fi percent indicated that they use it daily, another 25 percent use it

least once a week, and an additional 30 percent use it several times a month. Moreover, when asked if they use any professional reference more frequently than *DSM-III*, 84 percent of all respondents said "no." From these responses, it is apparent that these experienced practitioners are familiar with diagnostic practices as prescribed by *DSM-III*.

Misdiagnosis

Questions about diagnostic practices were developed from informal interviews conducted while we were formulating the survey instrument. Frequently, practitioners volunteered descriptions of deliberate decisions they or other clinicians made in order to record inaccurate diagnoses. Informants objected to pressures from agencies or insurance companies to use *DSM-III* diagnoses. They also complained that an incorrect diagnosis was often required in order to obtain reimbursement for treatment.

Another issue raised was that clinicians frequently select a diagnosis that is less severe than a more accurate diagnosis. We describe this as making "the least noxious diagnosis," while others refer to it as making a "mercy diagnosis." There are many reasons why clinicians may do this: to minimize communicating damaging, confidential information to insurance companies and others; to avoid the labeling effects of more severe diagnoses; and to limit the adverse impact on the client's self-esteem if the client becomes aware of the diagnosis.

To investigate these issues, we presented respondents with a list of diagnostic practices, preceded by this general introduction: "As a practicing clinician, you have probably used DSM-III and observed its use by other mental health professionals. Below are observations that some clinicians have made about the way that the DSM-III is sometimes used. Please place a check mark in the appropriate column, indicating whether you are aware of any instances in which any of the following have occurred." The response categories were: "occurs frequently," "occurs occasionally," and "unaware of any occurrence." Table 1 reports responses to inquiries about underdiagnosis. Eighty-seven percent indicated that a less serious diagnosis than clinically indicated was used frequently or occasionally to avoid labeling. Seventy-eight percent said that frequently or occasionally only the least serious of several appropriate diagnoses were used on official records. Eighty-two percent admitted that frequently or occasionally "Adjustment Disorder" is used when a more serious diagnosis might be more accurate. In response to all three questions, over one-third, but not quite half, said that these practices occur frequently. Only a small fraction of respondents were unaware of any occurrence of these types of deliberate misdiagnoses.

There is another type of misdiagnosis indicating a more serious disorder than warranted by the clinical situation. Table 2 provides

Table 1

PERCENT INDICATING USAGE OF UNDERDIAGNOSIS (N = 362)

Questionnaire Item	Occurs Frequently	Occurs Occasionally	Unaware of Any Occurrence
A less serious diagnosis was used than clinically indicated in order to avoid permanently negatively labeling a client	44	43	13
Only the least serious of several appropriate diagnoses was chosen to appear on official records	42	36	23
"Adjustment Disorder" was used when a more serious diagnosis might be more clinically accurate	36	46	17

data on respondents' reports of overdiagnosis. Again the findings are clear. Fifty-nine percent said that Axis I diagnoses (the major mental disorders) are used for insurance purposes when clinically unwarranted. Seventy-two percent of the respondents are aware of cases where more serious diagnoses are used to qualify for reimbursement. At least 25 percent of the respondents to these two questions indicated that the practices occurred frequently. Since reimbursement is rarely available for family problems, it is not surprising that 86 percent are aware of instances when diagnoses for individuals are used even though the primary problem is in the family. The majority of respondents said that this occurred frequently.

We wanted to learn about social workers' attitudes toward the instrument that they used for diagnosis. Results of this inquiry are reported more extensively elsewhere.[24] However, four of the attitude questions have a direct bearing on the issue of misdiagnosis. Over twice as many respondents (55%) disagreed as agreed with the statement that "DSM-III diagnoses accurately reflect clients' problems." Over 70 percent thought it was of no real help in diagnosing marital and family problems, a major reason why people seek counseling from social workers. Sixty-four percent said that the primary reason *DSM-III* is used is because of third-party reimbursement. Over 80 percent indicated that third-party requirements often influence diagnoses.

We also asked respondents to rate nine reasons for using *DSM-III*. Four of the reasons had to do with financial reporting or other required uses. Five reasons had to do with therapeutic, clinical, or scientific uses. More respondents rated the four fiscal or administrative uses as "very important" than any of the therapeutic uses. It is not surprising that 60 percent of the respondents said that they would not use *DSM-III* regularly if they were not required to.

Discussion

These data suggest that deliberate misdiagnosis occurs frequently in the mental health professions. If it is as widespread as these respondents suggest, it is puzzling that it has been almost unrecognized in the literature on diagnostic errors. Even when it is discussed, as in Sharfstein et al.,[25] neither those who report it nor their audience in the helping professions acknowledge the gravity of the practice.[26]

Rationales of Clinicians for Misdiagnosis

One explanation for the apparent indifference to deliberate misdiagnosis is that both under- and overdiagnosing are justified as either harmless or in the client's best interest: the client is helped to avoid a stigmatizing label or to obtain needed services. The *DSM-III* code may be viewed by clinicians as a fiscal formality unrelated to treatment, a white lie for a good purpose. In fact, only one-third of the respondents find *DSM* helpful in planning treatment.[27] Because there is no professional consensus about the appropriate treatment for specific disorders, the importance of misdiagnosis is often discounted. The apparently widespread practice of underdiagnosis, or using the least serious diagnosis even when it is not the most accurate, appears, ironically, to be an attempt to shield the client from the recognized negative consequences that come from the diagnostic process itself.

Others have noted the practice of underdiagnosing. In a major study of the accuracy of diagnostic information submitted to insurance companies when the second edition of *DSM* was in use, investigators found that psychiatrists in the Washington, D.C., area submitted diagnostic information to an insurance company that was considerably different

Table 2

PERCENT INDICATING USAGE OF OVERDIAGNOSIS (N = 362)

Questionnaire Item	Occurs Frequently	Occurs Occasionally	Unaware of Any Occurrence
A more serious diagnosis was used than clinically indicated in order to help clients qualify for reimbursement for treatment they needed	27	45	28
A diagnosis for an individual was used even when the primary problem was in the family system	55	31	14
An Axis I diagnosis was made for insurance purposes even though it was clinically unwarranted	25	34	41

from information provided in an anonymous survey.[28] They appeared to submit diagnoses of neuroses three times more frequently to insurance companies than the more serious disorders reported in other independent surveys. The authors of the study suggest that this diagnostic reporting was due to fears about confidentiality of patient information.

The situation of overdiagnosis is different but also apparently prevalent. It also seems to be done for the client's benefit, but the rationale is economic rather than therapeutic. The manifest function of underdiagnosis is to protect clients; with overdiagnosis, the accurate diagnosis is replaced by a deliberately inaccurate one in order to deceive others. In particular, misdiagnosis is used so that the therapist's services will qualify for third-party reimbursement. Here the rationale is also nonclinical, but the argument that the therapist is acting only for the client's benefit is strained. The rationale that it is being done so that the client can obtain needed service is colored by the obvious self-interest of the therapist. Agencies, both public and private, also benefit when they obtain reimbursement as a result of such diagnostic practices.

Finally, the rationale for overdiagnosis directly contradicts the justification for underdiagnosis. To the extent that there are negative effects of psychiatric labeling, overdiagnosis may unnecessarily harm the client. The practice of overdiagnosis, however, can be rationalized. Altering a diagnosis by substituting one that is plausible for a fully accurate one is like the creative management and selective presentation of information that occurs in many large bureaucratic organizations. In fact, selective substitutions are often the mark of an effective bureaucrat. And when such practices are justified by placing the client's welfare ahead of that of the agency, the rationalization will find some support among professionals.

Are there acceptable or nonharmful levels of overdiagnosis? Acceptable or nonharmful to whom? Misdiagnosis has consequences not only for clients but also for practitioners, professions, government policymakers, insurance companies, and taxpayers. By focusing only on the presumed benefits to clients, clinicians avoid confronting the broad ethical implications that emanate from the practice of misdiagnosis.

Conditions for Misdiagnosis

Diagnostic practices that are common and patterned, but incorrect, cannot be dismissed as simply due to individual malfeasance or lack of proper training. Explanations must be sought in the social context of clinical work. Professionals, especially mental health clinicians, enjoy considerable freedom in their work. Certainly in private practice, but even when employed in agencies, they have substantial discretion in conducting their activities. The conditions for this autonomy derive from the nature of the human services and the conditions of clinical

work within them.[29] Their clients are, or at least often perceive themselves to be, dependent and powerless. Clinical work is not easily supervised or easily evaluated. It is very easy to make incorrect decisions, whether or not they are intended to deceive, without being detected.

In mental health practice, diagnostic latitude is particularly great, even when clinicians are trying hard to be precise and accurate, because of the unreliability of *DSM-III* and earlier classification systems.[30] Under conditions where mistakes or disagreements are commonplace, deliberate misdiagnoses are hard to detect. Furthermore, when the nature of the disorders are themselves ambiguous, controversial, unverifiable, and subject to extraclinical influences, intentional falsification may merge with unconscious distortion.

Clients themselves provide few obstacles to misdiagnosis since often they are not told about their diagnoses. Even if they are informed, it is reasonable to expect them to be accepting of these diagnostic practices. They have sought help from others with greater wisdom, knowledge, and skill. Their dependence in the relationship is part of the bargain. Disgruntled clients are unlikely to complain about underdiagnosis, although there are risks of suit for malpractice if it results in inappropriate treatment.[31]

Overdiagnosis, however, might lead to angry reactions from clients. Nonetheless, clients are not generally able to detect overdiagnosis when it occurs because of the technical expertise needed for psychiatric assessment. Even when they are aware of deliberate overdiagnoses, clients may accept them in order to obtain reimbursement. They may join the clinician in a covert action against "the bureaucracy" that might otherwise deny them the help they seek.[32] Thus clients may have good reasons to believe that misdiagnoses are in their best interests.

Reimbursement systems have changed markedly in recent years, and these changes have altered the consequences of diagnoses. In the past, outpatient psychiatric care was financed on the basis of patient fees for those who could afford private care or on the basis of third-party reimbursement to service providers. State hospitals were financed on a per-capita or per-bed basis. It mattered little whether a patient had a borderline personality or was schizophrenic. The increase in third-party reimbursement from government programs and private insurance companies for mental health care, in tandem with the general trend for contracting out services to nonprofit and profit agencies, has altered the consequences of diagnosis. Diagnostic Related Groups and case-by-case reimbursement schemes have given diagnosis a special new status. In the related field of alcoholism, such changes in financing eventually had significant effects on treatment ideology and clients served.[33]

The sensitivity of clinicians to the potentially negative effects of psychiatric labeling, which may encourage the practice of underdiagnosis, does not completely counteract the financial pressure to ov-

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erdiagnose. Reimbursement systems, which have become increasingl important for psychiatric treatment in the last decade, are undoubted a major factor in encouraging overdiagnosis. Not only do governmer programs, like Medicaid, and private health insurance policies no cover treatment for psychiatric disorders, but their reimbursemer policies are also diagnosis based. Although *DSM-III* has greatly expande the number of mental disorders, not all categories qualify for rein bursement for treatment. Sol Garfield has speculated that the influenc of third-party payers might lead to "some peculiar practices" for rein bursement purposes.[34] In a critical review of *DSM-III,* he asked wh: purpose is served if diagnosis is not linked in important respects t prognosis and treatment or to etiology? Some of those purposes seer to be emerging.

Certainly, the introduction of *DSM-III* into mental health practic has not been the sole, or even the primary, cause of deliberate mi diagnoses. Undoubtedly it occurred previously, as is suggested by th earlier study of insurance claims filed by clinicians using *DSM-I* Nevertheless, *DSM-III* may have served to facilitate misdiagnosis. Whe the manual was introduced, it was advertised as a major scientif advance that improved the accuracy of diagnosis. Data published i the manual were used to claim its reliability and provide a greater a of scientific respectability to psychiatric diagnosis, so long the whippin boy of mental health critics. These scientific claims continue to b made, even though recent surveys of psychiatrists report that diagnose are frequently inaccurate, and the original data are hardly supportiv of such bold claims.[35]

The rapid adoption of *DSM-III* by the mental health professior and by government and private insurance companies has institutior alized its influence. As the compendium of legitimate psychiatric d agnoses, it serves as the technological instrument for the allocation c resources and for control over the mental health business.

Consequences of Misdiagnosis

DSM-III and a variety of other remedial efforts have been undertake to reduce diagnostic errors that are made unintentionally. Whateve the eventual success of these efforts, they may not address a commo source of diagnostic mistake in mental health: those errors that ar deliberate. While the extent and pattern of deliberate misdiagnos are only suggested by this study, the implications could be profounc

Policy and program development in mental health frequently rel on reported rates of treated disorder. Are depression, alcoholism, c schizophrenia becoming more or less prevalent? Uncharted and ur recognized distortion of diagnostic practices could lead to invalid cor clusions and misguided intervention efforts. While it is arguable th:

ndividual cases of deliberate misdiagnosis may be ethically justifiable ınder some circumstances in order to get needed services for patients ›r to avoid stigmatizing them, in the aggregate such practices could ›resent serious problems for mental health planners.

Considerable scientific effort has been devoted to improving the ıccuracy of psychiatric diagnosis through structured interview schedules ınd revised diagnostic classification systems. The progress is substantial ›ut relevant primarily to research arenas where diagnostic practices ıre carefully controlled and where there are minimal incentives for listortion. Clinical practice in the real world may be governed by a lifferent set of influences that are not well recognized or fully undertood. Research on psychiatric diagnosis as it is actually practiced would ›e quite different in focus and methodology than research now ap›earing in the literature.

Finally, there are subtle consequences for the mental health profesions. The bargain struck between clients and professionals is that lients will entrust their care to professionals who are obligated to use heir best knowledge and skills to help clients. The professional is :xpected to perform in a disinterested or selfless fashion, putting the ıeeds of the client above his own feelings and prejudices. To ensure lisinterested service, physicians do not care for their own families, awyers do not represent both parties in a dispute, and decision makers ·emove themselves from decisions where they may have a conflict of nterest. Their intent is to remove themselves from circumstances vhere they might not be able to provide objective service of high juality to the client.

Professional practice is distorted to the extent that deliberate misliagnosis involves the deception or manipulation of clients. Clients :ither are given diagnoses that are not clinically accurate, or they are :ncouraged to go along with misdiagnoses that qualify for reimbursenent. In either case, their trust in the professional relationship is 'iolated. Second, deliberate misdiagnosis may violate the professional's ›bligation to their profession to use their knowledge and skill in an ·thical manner. Truthfulness is an obligation of practice. Third, deiberate misdiagnosis may violate the agreement all professions have vith the society. Professions enjoy special privileges and entitlements ıot given to all occupations. Professions historically are allowed to ;overn themselves, to control entrance into their ranks, to prescribe ·equired training, and to set their own standards of practice somewhat ree of the supervision and control of nonmembers. Some are even ›rotected from divulging confidences in court under many circumtances. In return, professions agree to abide by their codes of ethics, o protect the interests of their clients, to practice in a disinterested nanner, and to use their substantial knowledge for the betterment of he society. Deliberate misdiagnosis may violate these agreements and, n so doing, corrupt the helping professions.

Notes

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The Use and Effects of Welfare: A Survey of Recent Evidence

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A review of research on the patterns of receipt and behavioral effects of the Aid to Families with Dependent Children (AFDC) program shows that many widely held ideas are not supported by findings based on nationally representative data. Among the key findings are the following short-term and long-term welfare use are equally common; long-term dependence does not appear to be induced by the AFDC program; the majority of women growing up in heavily welfare-dependent homes are not themselves heavily dependent as young adults, and social-psychological factors have not been persuasively shown to either cause or be affected by welfare receipt. Evidence on the effects of welfare benefits on family structure decisions is inconclusive, in part because behavioral models have failed to take into account the full set of choices available to individuals.

Informed debate about welfare policy depends on accurate information about the nature of welfare use and the effects of these programs on individual decisions about work effort and family structure. When nationally representative data are used to substantiate one view or another in the welfare debate, they are often drawn from the snapshot pictures of the status of the population such as that provided by the Census Bureau's Current Population Surveys. However, many of the

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nportant policy questions about transfer programs concern dynamic, ot static, phenomena and thus require a different kind of data. For xample, turnover in the poverty and welfare population and the uration and correlates of welfare experiences cannot be analyzed rith cross-sectional data.

A great deal has been learned about the way individuals use welfare nd the behavioral effects it may have from research conducted on wo major nationally representative longitudinal surveys, the Panel tudy of Income Dynamics (PSID) and the National Longitudinal urveys (NLS), and the various Negative Income Tax (NIT) experiients. But much of this research is still little known, and discussions f the problems of the welfare system and needed reforms often seem blivious to these findings.

Our article focuses on this body of welfare research. We begin with summary of some important recent findings about the characteristics f welfare use and welfare recipients. This is followed by a summary f evidence on the possible adverse effects of welfare on work effort, n family composition decisions such as divorce and out-of-wedlock irths, and on the subsequent welfare dependence of children growing p in welfare families. A brief summary and discussion of the results re then presented.

'atterns of Welfare Receipt

nferences about turnover in the welfare rolls and the duration of elfare experiences require longitudinal information on the same ouseholds or welfare cases over time. Two different research proceures have been used: one tabulates welfare use by individuals over multiyear time period; the other estimates the distribution of completed elfare spells. Because each procedure has strengths and weaknesses, hich are discussed below, they are best regarded as complementary ather than conflicting approaches. Indeed, their findings are in subantial agreement. We begin our discussion with the multiyear period udies.

'elfare Use over a Multiyear Period

'he simplest information on welfare experiences involves describing ne pattern of welfare receipt over an extended time period. Many esearchers have relied on this method, using data from the PSID.[1] lthough these works explore different aspects of welfare dynamics, ney share two important findings: (1) Occasional welfare receipt is ommon; persistent welfare receipt is not. Movement on and off welfare olls is widespread. (2) The multiyear income of welfare families often ontains more income from sources other than welfare.

Table 1 presents patterns of receipt during the period from 1970 to 1979.[2] It shows that AFDC use was not typically continuous over the decade but rather was of relatively short duration for most welfare users. More than one-seventh (15%) of the U.S. population lived in families where AFDC income was received in at least 1 year between 1970 and 1979, but only 2.2 percent of individuals lived in families that received income from AFDC in 8 years or more. These findings suggest a great deal of yearly turnover in the welfare rolls, a fact confirmed by direct turnover calculations.

A second important finding of these studies is the extent of financial dependence on welfare. Also shown in table 1 are the fractions of the U.S. population that lived in families in which more than half of the total family income came from AFDC sources in at least 1 year and in 8 or more years. All of these figures are substantially lower than the corresponding figures for any receipt of AFDC and suggest a *substantial mixing of or shifting between welfare income and other* income over a single calendar year and over a 10-year period. Rein and Rainwater and Harrison examine the family income of welfare recipients in greater detail and find that much of the nonwelfare income comes from the labor market.[3]

The extent of welfare receipt and dependence varies widely across demographic subgroups. Black children have very high recipiency rates: more than half of them lived in families in which AFDC was received at least once during the 10 years (table 1, col. 2). But with black children, as with the larger population, there is a much smaller fraction (one-twelfth in all) living in families that counted heavily on AFDC for most of the period.

Table 1

Incidence of Short- and Long-Run AFDC Receipt, 1970–79

	Percentage of U.S Population	Percentage of Black Children
Received AFDC in 1 or more years	15 0	50.6
Received AFDC in 8 or more years	2 2	14 5
Received at least 50% of family income from AFDC in 1 or more years	10.9	34.7
Received at least 50% of family income from AFDC in 8 or more years	1.7	8 3

Source.—Committee on Ways and Means, *Background Material and Data on Programs within the Jurisdiction of the Committee on Ways and Means* (Washington, D.C.: Government Printing Office, March 6, 1987), table 30, based on data from the Panel Study of Income Dynamics (PSID)

Note.—Receipt figures include AFDC and income reported in the "other welfare" category of the PSID. The latter includes mostly misreported AFDC income.

Use of a fixed calendar-year interval, as in table 1, provides an accurate depiction of the welfare experience of the population during those years. It does not, however, enable one to quantify the general distribution of welfare experiences since some long-term recipients may have just ended their period of receipt in the first years of the interval or just begun to receive assistance in its final years. In both cases, this procedure would result in these recipients being classified as short-term when their actual periods of receipt were long.

Welfare Spells

A more complex procedure that avoids this problem examines spells of welfare use (consecutive years of welfare receipt). Using that information, it is possible to compute conditional exit probabilities, which are the probabilities of exiting from welfare after any given number of years of continuous receipt. For example, a fifth-year exit probability of .10 means that the 10 percent of welfare spells that last 5 years will terminate in that year. These probabilities, in turn, can be used to compute information about the distribution of completed spell lengths—that is, how many welfare spells last 1, 2, 3, or 4 years and so on.[4]

This approach has the advantage of yielding accurate information on the distribution of completed welfare spells and makes it possible to identify the labor market and demographic events that lead to the beginning and ending of a period of welfare receipt. The major disadvantage of this method is that, with the exception of the work by Ellwood,[5] which is discussed below, it does not take into account the fact that many individuals experience more than a single spell of welfare receipt. Since what is usually of primary policy interest is the total welfare experience of an individual, regardless of whether or not the receipt is in a single continuous spell, the individual-spell approach can provide a misleading indication of total welfare use.[6] Multiple spells pose fewer problems for the fixed calendar-year approach illustrated in table 1 since that approach tabulates welfare receipt independent of the particular pattern of welfare receipt over the 10-year period.

The first truly comprehensive study of individual welfare spells using national data was carried out by Bane and Ellwood using the PSID.[7] Since then, O'Neill and her associates have analyzed the NLS, PSID, and also AFDC case records.[8] Ellwood has also reanalyzed welfare spells from the PSID.[9] Despite some differences in the definition of a welfare spell and the use of different samples, the studies are in remarkable agreement about the duration of individual welfare spells.[10] (1) A majority of welfare spells are short-term, lasting 2 years or less, while fewer than one-sixth can be thought of as long-term, lasting 8

or more years. (2) At any single point in time, half of all welfare recipients are in the midst of long-term spells.

Table 2 presents information on the duration of welfare spells, based on these studies. The short-term nature of most welfare spells, evident in the multiyear accounting period analysis of table 1, is also reflected in the figures in table 2. Data presented in the first four columns of table 2 are based on a sample of individuals who began welfare spells between the mid-1960s and the late 1970s. They show that between one-half and two-thirds of these welfare spells lasted 1 or 2 years, and fewer than one-sixth of the spells lasted 8 or more years.[11]

Viewed in this way, it seems clear that long-term individual welfare spells are relatively uncommon. The figures in the fifth column, though, show that for recipients observed at a given point in time, the distribution of completed spell lengths is nearly the opposite of that shown in the first four columns. For this sample, short spells characterize only one-sixth of current recipients, while about half are in the midst of spells lasting 8 or more years.

While the large difference in the spell distribution between the "ever-begun" sample (cols. 1–4) and the "point-in-time" sample (col. 5) may seem paradoxical, it is easily explained. The difference exists because the probability of being on welfare at a given time is necessarily higher for longer-term recipients than for those who have shorter welfare spells. Not surprising, then, the point-in-time sample includes a higher proportion of long-term welfare recipients.

While it is clear that the two kinds of samples yield dramatically different, although not inconsistent, findings, there is still considerable confusion about which sample is appropriate for analyzing welfare use. Too often, an approach is chosen to make welfare look "better" or "worse," usually meaning less or more long-term dependence, respectively. In fact, the two distributions summarize exactly the same underlying pattern of welfare use—indeed, the point-in time spell distribution is derived from the ever-begun distribution. Rather, the two samples are useful for addressing different questions. For example, the point-in-time sample is appropriate for assessing whether short-term or long-term users account for most of the costs of the welfare system and describing the likely experiences of the current caseload. (Long-term users clearly account for most of the costs and characterize most of the caseload at any point.) However, for the task of describing the general pattern of welfare use and for assessing the potential behavioral impact of welfare, an ever-begun sample is required since it is representative of all welfare experiences. The most serious potential error is to use a point-in-time sample to draw inferences about the nature of welfare use for the population of individuals who ever come into contact with the welfare system.

Table 2

DISTRIBUTION OF LENGTH OF AFDC SPELLS AND TOTAL TIME ON WELFARE (%)

	LENGTH OF INDIVIDUAL SPELL					TOTAL TIME ON WELFARE (Including Multiple Spells)	
	Persons Beginning a Spell				Persons on AFDC at a Point in Time	Persons Beginning First AFDC Spell	Persons on AFDC at a Point in Time
			AFDC Case Records/ O'Neill et al.				
	PSID/Ellwood (1)	NLS/O'Neill et al (2)	1965 Cohort (3)	1975 Cohort (4)	PSID/Ellwood (5)	PSID/Ellwood (6)	PSID/Ellwood (7)
1–2 years	48	61	59	69	15	30	7
3–7 years	35	27	25	24	36	40	28
8 or more years	17	12	16	7	49	30	65
All	100	100	100	100	100	100	100

SOURCE.—David T Ellwood, "Targeting Would-Be Long Term Recipients of AFDC" (Mathematica Policy Research, Princeton, N.J, January 1986); June A. O'Neil, Douglas Wolf, Laurie J Bassi, and Michael T Hannan, "An Analysis of Time on Welfare" (report to Assistant Secretary for Planning and Education, Department of Health and Human Services, Urban Institute, Washington, D.C., June 1984)

NOTE —See n. 10 for details on definition of welfare receipt used to compute welfare spell length

Lifetime Welfare Receipt

As mentioned above, an important weakness of analyses of individual spells is the emphasis on completed spells of welfare rather than on the cumulative welfare experience of individuals over time. For example, an individual could spend a high proportion of her adult years receiving welfare and yet be classified as having short welfare spells if she is off welfare occasionally. If such welfare "recidivism" were common, the conclusion above about the relatively short length of most welfare spells would need to be qualified since what is ultimately at issue is the amount of time individuals spend on welfare and not the length of each completed spell.

The research of Bane, Ellwood, and Murray confirms that multiple spells of welfare receipt are common.[12] Bane and Ellwood estimate that one-third of all welfare spells are followed by subsequent spells; Ellwood estimates that 40 percent of first welfare spells are followed by subsequent spells. Not surprisingly, allowance for multiple spells alters the distribution of welfare experiences substantially. Ellwood's estimates of the distribution of total lifetime welfare receipt (table 2, cols. 6 and 7) indicate that about 30 percent of new recipients can expect to experience only 1 or 2 years of total receipt, while a similar proportion will have 8 or more total years of receipt. Although longer than estimates based on individual spells, median total time on welfare is still rather short—only about 4 years. Finally, estimates of lifetime receipt derived from a point-in-time sample show a very high proportion of longer-term recipients.

Welfare Events

Spell-level analyses are also useful in showing the events that are most closely linked to the beginnings and endings of welfare receipt. The work of Bane and Ellwood is again the best source of this information; their work is used to provide the information in table 3.[13] It clearly shows that family composition changes are more important than labor market events for much of welfare dynamics.

Bane and Ellwood report that 75 percent of all AFDC spells began with a family-composition change that resulted in AFDC eligibility and only 25 percent with changes among women who were already in a demographically eligible status. Forty-five percent of all entries were the result of divorce, separation, or widowhood, and another 30 percent are the result of out-of-wedlock births. Only 15 percent were the result of decreases in earned income.

Exit paths from AFDC are generally quite similar to those for entry, with family-structure changes still the most important factor, although not as important as for entries. About 35 percent of all AFDC spells end with remarriage (including reconciliation) or first marriage, and

Table 3

EVENTS ASSOCIATED WITH THE BEGINNINGS AND ENDINGS OF AFDC SPELLS (%)

Beginnings		Endings	
Divorce/separation	45	Marriage	35
Childless, unmarried woman becomes a head with children	30	Children leave parental home	11
Earnings of female head fell	12	Earnings of female head increased	21
Earnings of others in family fell	3	Earnings of others in family increased	5
Other income fell	1	Transfer income increased	14
Other (including unidentified)	9	Other (including unidentified)	14
All	100	All	100

SOURCES.—For column labeled "Beginnings," Mary Jo Bane and David T Ellwood, "The Dynamics of Dependence and Routes to Self-Sufficiency" (final report of the U S Department of Health and Human Services, Urban Systems Research and Engineering, Inc , Cambridge, Mass , 1983), p 18, using Panel Study of Income Dynamics (PSID) data, for "Endings," David T Ellwood, "Targeting Would-Be Long Term Recipients of AFDC" (Mathematica Policy Research, Princeton, N J , January 1986), p 46, using PSID data.

another 11 percent end when a dependent child leaves the household, thereby ending the family's eligibility. O'Neill and her associates found with NLS data that marriages accounted for more spell exits than any other event.[14] This result held for both black and white women, although exits via marriage were considerably more frequent for whites. Changes in earnings are slightly more important for exits than for entry: about one spell in five ends when the earnings of the female head of the household increase;[15] for women with no reported work disability, one spell in four ends in this way.

Welfare Spell Correlates

Several researchers have attempted to model the process of welfare spell entry and exit. Hutchens pays particular attention to the economic constraints facing prospective or actual recipients and finds significant, theoretically consistent effects for wage rates and some program variables, especially the benefit levels associated with zero work hours.[16] Ellwood uses PSID data to examine the demographic correlates of exit probabilities from first spells and all spells, as well as the probabilities of multiple spells.[17] O'Neill and her associates model exit probabilities with NLS data using a similar set of demographic predictors.[18] Representative results on the correlates of individual spell length, taken from Bane and Ellwood, are shown in table 4.[19]

One important result is that spell length differs substantially for women who enter the welfare system through different paths. The

Table 4

Duration of AFDC Spells by Various Characteristics

Entry Path and Demographic Characteristics	Average Spell Length (in Years)	Percent wit[h] Lasting at 6 Year[s]
1. Out-of-wedlock birth:		
Age under 30:		
White, high school graduate	4.3	19
Nonwhite, high school graduate	7 7	41
White, high school dropout	6.2	33
Nonwhite, high school dropout	10.4	53
Age over 30:		
White	6.1	35
Nonwhite	8.5	55
2. Divorce or separation:		
Age under 30.		
White, high school graduate	3.1	10
Nonwhite, high school graduate	5.8	30
White, high school dropout	4.4	20
Nonwhite, high school dropout	8.0	42
Age over 30.		
White, high school graduate	3 6	14
Nonwhite, high school graduate	5.0	25
White, high school dropout	4 9	24
Nonwhite, high school dropout	6.5	34
3. Earnings fell	2.9	9
4. Other	3.2	12

Source —Mary Jo Bane and David Ellwood, "The Dynamics of Depend[ence] the Routes to Self-Sufficiency" (final report to the U.S. Department of He[alth and] Human Services, Urban Systems Research and Engineering, Inc., Cambridg[e] 1983), tables 7 and 9.

Note.—Sample is all women who received AFDC (ever-begun sample).

critical difference is between women who enter AFDC via an [out-of-] wedlock birth and women who had been previously marrie[d] former have substantially longer periods—often 2–3 years—[of con]tinuous receipt. The longer receipt associated with out-of-w[edlock] birth entries to welfare holds for both white and nonwhite w[omen,] high school graduates and high school dropouts, and wome[n over] and under 30.

A second important finding is the role of race, even after ad[justing] for age and education. As shown, in each age-education ca[tegory] average spell length is longer for nonwhite women than for [white] women; the difference is about 30–50 percent longer than the a[verage] spell length for white women. Some groups have predicted a[verage] spell lengths that are quite long; for example, young, nonwhite [women] who are high school dropouts and entered AFDC through an [out-of-] wedlock birth have an average duration of over 10 years. At th[e]

extreme, women who enter through a fall in earnings average ji under 3 years of AFDC receipt.

Similar patterns of welfare duration are presented in the seco column of table 4. The women entering because of an out-of-wedlc birth are much more likely to be still receiving AFDC after 6 ye: than those who entered through changes in marital status. Especia high proportions—over 50 percent in some cases—of nonwhite wom who enter through out-of-wedlock births have welfare spells lasti at least 6 years.

The findings of Ellwood on the correlates of lifetime welfare u are summarized in table 5.[20] The table confirms the general patte seen in the analysis of single spells, with younger women and wom who enter welfare via an out-of-wedlock birth having substantia longer welfare careers. (Ellwood also finds that never-married wom under age 25 with a child younger than age 3 will spend an avera of nearly 10 years on welfare, about 3 years longer than young wom with a young child who have been married previously.) Black wom have longer periods of receipt than white women, as do women w young children relative to women with older children. Education h only a modest impact; the difference between those with less thar years of education and those with more than 11 is only half a yea

Table 5

PREDICTED LIFETIME AFDC USE FOR SELECTED GROUPS

Characteristic	Expected Duration (Years)	Percent with Tota AFDC Receipt at Least 10 Years
Below age 23	8 2	33
Age 31–40	5 2	15
White	6 0	20
Black	8 1	32
Other	6 9	26
Less than 9 years of schooling	6 8	25
More than 11 years of schooling	6 3	22
Never married	9 3	39
Divorced or separated	6.0	20
Youngest child below age 3	8 1	31
Youngest child 6–10	4.5	11

SOURCE.—David T Ellwood, "Targeting Would-Be Long Term Recipients of AFI (Mathematica Policy Research, Princeton, N J., January 1986), table 4.1, based on years of data from the Panel Study of Income Dynamics. Figures are computed fr separate estimates of the effect of these variables on probability of exit from first : second spells and the probability of recidivism. Figures shown for divorced or separa characteristics are an average of those reported separately by Ellwood

The Behavioral Effects of the Welfare System

The findings reported in the previous section of this article provide a consistent, if still little known, view of the welfare system and welfare usage. Key findings are the heterogeneity of welfare use, involving similar proportions of short-term and long-term use, and the importance of demographic events in affecting welfare entry and exit.

Although this descriptive evidence provides substantial support for the view that the welfare system operates in a benign way for the majority of recipients, it has one important weakness. To assess the welfare system properly, one needs to go beyond descriptive evidence on patterns of usage and consider the possible effects of the welfare system on the behavior of recipients—especially long-term recipients—and their children. Consider, for example, the finding in table 3 that 75 percent of all welfare spells begin following a divorce, separation, or out-of-wedlock birth. If these demographic events are unaffected by the operation of the welfare system, then the welfare system might be regarded as a kind of insurance system, usually providing assistance to individuals facing temporary economic misfortune. But if these events are endogenous—that is, increased by the availability or generosity of welfare—one would have to draw a quite different conclusion, especially if the impact were substantial.

The presumption of undesirable behavioral effects is at the crux of the argument that the welfare system is a cause of, rather than a cure for, poverty. There appear to be two kinds of concerns: (1) that the existence of a welfare system alters the set of choices people face and encourages undesirable behaviors that substantially increase the likelihood of receipt; and (2) that the receipt of welfare is harmful in that it creates dependence and discourages self-sufficiency in welfare recipients and their children. The first category includes two separate kinds of effects: the potentially adverse effect of welfare on labor supply as well as its possible impact on divorce, marriage, childbearing, and living arrangements. The second category is less clearly defined but presumably implies that welfare receipt has a destructive effect on personal values and attitudes.

Welfare and Labor Supply

Although the Negative Income Tax (NIT) experiments were designed to provide estimates of the likely effects of switching from the current welfare system to a more universal one, they can also be used to estimate key parameters of labor supply models that, in turn, can be used to estimate the likely effects of the current system. Robins reports the relevant consensus findings from the various NIT experiments.[21] For female heads, the estimated annual labor supply falls by 78 hours for each 1 dollar wage rate reduction caused by the welfare benefit

reduction rate and by 55 hours per $1,000 increase in annual income. These effects are roughly consistent with a more general review of likely labor supply responses that estimated that the existing AFDC program reduces the average annual work effort of recipients by about 600 hours and of all female household heads (including nonrecipients) by about 180 hours.[22]

Welfare and Family Structure

The argument that AFDC affects family structure is quite simple, and, indeed, it is among the oldest criticisms of a welfare system that predicates assistance on categorical status. By raising the income available to a single woman with dependent children but not to a single woman without children or (in many states) to intact families, AFDC is alleged to encourage marital instability, illegitimate births, and the establishment of independent households by unmarried mothers, while discouraging marriage and remarriage. This hypothesis is plausible and is broadly consistent with aggregate time trends showing an increasing proportion of female-headed families as a consequence of rising rates of divorce and falling rates of marriage.[23] A similar argument is featured in Murray's indictment of the welfare system.[24]

The research on the possible family-structure effects of transfer programs is based on both experimental data from the Seattle/Denver Negative Income Tax Experiment (SIME/DIME) and nonexperimental data from nationally representative data sets (e.g., PSID, NLS, and the Survey of Income and Education). In the nonexperimental research, variation in AFDC benefits available to women in different states is used to test whether family-structure decisions are affected by the generosity of benefits.

The results from the SIME/DIME data are highly controversial. Although the expectation of the experiment was that a welfare system that extended eligibility to otherwise eligible married couples would reduce marital instability, the analysis of Groeneveld, Hannan, and Tuma found substantially higher divorce and separation rates among families enrolled in the experiment.[25]

For a number of reasons, however, this result is suspect. First, this effect on marital stability was negatively related to the financial benefits provided by the experiment to the families,[26] with individuals receiving the highest benefits actually showing the lowest rate of marital disruption. Second, it appears that the high observed rate of marital instability was confined largely to families without children (who are unlikely to be included in any welfare reform program) and to families who received job counseling or education subsidies in addition to case assistance. Finally, a reanalysis of the data by Cain, which examined only the experience of families with children and used a somewhat

different specification than Groeneveld, Hannan, and Tuma, found a much smaller and statistically insignificant effect of the experiment on marital instability.[27]

Of the nonexperimental research, the most comprehensive study is by Ellwood and Bane.[28] They examine a lengthy list of family structure variables with several sources of data and find some evidence of AFDC effects. In their research, AFDC was shown to have no measurable impact on births to unmarried women and only a modest effect on divorce, separation, or the proportion of female-headed households. Its biggest impact was on the living arrangements of single mothers; they found that in states with high AFDC benefit levels, young mothers not living with a husband were more likely to live independently rather than in the home of a parent. In other words, the more significant the family structure or living arrangement change, the less influence AFDC seems to have. More generally, they concluded that welfare was not the primary cause of variation in family structure across states or over time.

A major weakness of this entire body of research, including the Ellwood and Bane study, is that it has failed to pay adequate attention to the way in which individual behavior might be affected by the welfare system. Although individuals are presumed to be choosing among alternatives (e.g., marriage, remaining single, AFDC receipt), the actual characteristics of the alternatives available to an individual have not been measured adequately in empirical work. Not only have the details of the welfare system as they affect an individual been crudely specified, but also—and with much more profound implications—the nature of the nonwelfare alternatives available to women has been largely ignored. This is pointed out by Wilson and Neckerman.[29] For example, assessing the effects of AFDC benefit levels on marriage, one ought to compare the likely AFDC benefits that would be available to a given woman with her likely marriage opportunities.[30]

The net result is that existing studies are a crude and potentially misleading test of the hypotheses at issue. We do not yet know whether the generally small and often statistically insignificant estimates of AFDC effects are the consequence of the flaws in the research methodology or reflect the true effects of the welfare system. Further research here is imperative. Only by usefully delineating the actual choices available to individuals, including work, welfare, and marriage, can one hope to understand the behavioral effects of the welfare system. An understanding of the link between AFDC and family-structure decisions should be a critical component of welfare reform proposals. Unless welfare benefits have a major impact on these decisions, reductions in aid will only reduce the standard of living of the women and children involved.

Does Welfare Receipt Cause Dependence?

The patterns of welfare receipt described above allay concern that any brush with the welfare system necessarily leads to dependence. Still, Ellwood estimates that about 30 percent of all individuals who ever begin welfare spells will spend 8 or more total years on welfare (not necessarily consecutive and not necessarily receiving the majority of their income from welfare) during their prime working years. Thus, while the welfare system does not appear to lead to long-term dependence for most individuals who ever receive welfare income, there are at least several million adults and children in the United States who live in families that could be described as persistently dependent on welfare.

What is not yet clear, however, is whether the welfare system is itself the cause of this dependence. A pattern of relatively continuous welfare use may indeed be the result of "state dependence," a causal process referred to in the welfare literature as the "welfare trap," in which initial receipt produces changes in attitudes or behavior that make subsequent receipt more likely. Alternatively, that pattern of receipt may reflect "heterogeneity," in which the permanent characteristics of an individual (including measurable traits like disability status or education as well as usually unmeasured values and attitudes) are the cause of both the beginning of a spell of welfare and its continuation. In the latter case, the actual receipt of welfare would have little or no causal effect on the length of receipt. Distinguishing state dependence from heterogeneity in empirical work is extremely difficult. It is not enough to observe that some welfare recipients receive benefits for many years or that receipt at one time is correlated with subsequent receipt. Such evidence is consistent with either or both explanations.

Thus far, the evidence for the welfare trap (state dependence) explanation is relatively weak. Plant estimates an economic model of welfare receipt using data from the SIME/DIME experiments.[31] His model attempts to distinguish three reasons for persistent welfare receipt: (1) persistently low earnings of recipient families, (2) the inducement of families into participation resulting from the programs' generosity, and (3) true state dependence. He finds that persistently low earnings account for the bulk of the participation, and that the evidence supporting the state dependence hypothesis was generally weak and very sensitive to the estimation procedure. In a very thorough paper, Blank similarly finds little evidence of program-induced welfare dependence. While Blank does find that "the probability of leaving AFDC is very low for more than half of the sample," she concludes that "these long spells are neither created nor lengthened by the use of AFDC itself."[32]

An alternative approach to the issue of state dependence is to attempt to identify some attitudes that both affect the likelihood of receipt and are changed in welfare recipients by the receipt of welfare. Both the PSID and the NLS contain some social-psychological measures, but the analysis done on their possible links to welfare receipt has been inconclusive. O'Neill and her associates find that the links between welfare exit probabilities and the respondent's score on the Rotter scale, which indicates the extent to which one feels in control of events that happen, are usually in the expected direction but are, at best, at the margin of acceptable levels of statistical significance.[33] Comparable regressions using the efficacy scale available in the PSID produced insignificant coefficients. Hill explored the associations between the initial levels of various components of achievement motivation and subsequent changes in welfare status with PSID data and found uniformly insignificant results.[34] In sum, this mostly negative evidence fails to support the notion that welfare receipt would be reduced if potential or actual recipients were embued with a greater sense of control or with greater motivation.

A second important issue is whether social-psychological factors are affected by welfare receipt. This would appear to be likely, given other evidence from the NLS (e.g., Andrisani) and the PSID (e.g., Hill et al.) linking events such as wage or employment changes to changes in sense of personal efficacy.[35] However, O'Neill and her associates find "nothing to indicate that experience with AFDC causes significant changes in personal efficacy" and similar negative results for a measure of future orientation.[36] Thus, research conducted thus far with these two data sets fails to support the hypothesis that negative attitudes are a result of welfare receipt.

Intergenerational Transmission of Welfare Dependence

There is great interest in intergenerational aspects of welfare receipt—especially whether and why children growing up in households that receive welfare may themselves be more likely to receive welfare when they establish their own households. Theories of poverty have often posited such an intergenerational component. For example, in his writings on the culture of poverty, Lewis describes a process by which slum children absorb subcultural attitudes that prevent them from taking advantage of future opportunities.[37]

Hill and Ponza estimate reduced-form models of the intergenerational transmission of welfare receipt and dependence using 14 years of data from the PSID on young adults and their parents.[38] The data provide yearly measures of the economic well-being, including welfare receipt, of the parental household as reported by the parents while the children

lived at home as well as self-reported measures of the young adults' economic experiences during the period after they established independent households. Information on the welfare status of the parents is typically averaged over a 7-year period, as is the information on the children in their own independent households. Simple cross-classifications of welfare dependence for parents and their children produced the surprising result that only a minority of black (19%) and white (26%) women growing up in heavily welfare-dependent homes are themselves heavily dependent on welfare in their own households.

The transmission of welfare use was investigated by relating each young adult's welfare dependence to parental welfare dependence and a set of background measures such as parental education levels, number of siblings, and religion. The regression models showed no statistically significant effects among blacks of parents' welfare dependence on their children's likelihood of welfare dependence. The only evidence of welfare-dependence transmission was observed for whites, and then only for very high levels of parental welfare dependence, based on a small number of observations, and with effects that were not consistent across all models tested.

McLanahan also examines welfare links between generations using data from the PSID.[39] While Hill and Ponza focus on the average amount of welfare received over a multiyear time period, McLanahan analyzes transitions into the combined state of female-headed household and welfare receipt. She finds a significant effect of parental welfare receipt on this transition for both blacks and whites. In addition, she finds the more years the parents received welfare, the more likely such transitions were for both groups, although the key coefficients were consistently significant only for white women.

Discussions of the intergenerational aspects of welfare receipt have rarely progressed beyond the issue of whether welfare dependence is passed on from one generation to the next. Since welfare benefits are presumed to be—at least in part—investments in the children living in recipient households, it is important to assess the extent to which parental income in general and welfare income in particular are linked to the positive attainments of children such as schooling and earnings in adulthood.

A handful of recent studies based on nationally representative data, which explore the links between parental welfare receipt and the success of children, have found various effects on children's schooling, earnings, and work effort. Studies of the completed schooling of children and their adult hourly earnings found mixed evidence that welfare income was not as beneficial as other sources of income.[40] An investigation of the effects of parental welfare on the work effort of sons found no consistent effects.[41] More research is clearly needed on this topic, and

the recent availability of background information at both the far and neighborhood level promises to add greatly to our understand of how these factors interact to affect children's lives.

Summary

The different sides in the current debate over Great Society welf programs take strikingly opposed positions. To what extent do th programs, as Murray and others have argued, actually hurt poor pec by reducing their motivation to work or marry and otherwise t them into dependence?[42] Or, as outlined in McLanahan et al., these programs, on balance, provide needed resources to low-inco families without substantially changing their behavior?[43] Much of t debate has been argued with evidence from cross-sectional or aggreg time-series data when, in fact, many of the key issues are dynamic a require longitudinal data.

Our review of longitudinal evidence on the nature of need a welfare experiences shows that a surprisingly large proportion of welf spells are only short-lived. Despite the high incidence of repeat sp of welfare, the median total lifetime welfare receipt is less than 4 ye: Finally, most children growing up in heavily dependent homes do become heavily dependent when they establish their own househo Taken together, this evidence suggests that the welfare system functi fairly well for the majority of recipients as insurance against tempor economic misfortune.

Nevertheless, the fact that several million individuals are persistei dependent on welfare raises questions of whether welfare itself prom divorce or out-of-wedlock births, discourages marriages, or ins counterproductive attitudes and values in recipients. Sparse evide on the effects of welfare on the attitudes of recipients fails to sh any such links. Whether or not welfare affects family decisions is our view, an unresolved question at this point.

Much research remains to be done to determine whether or welfare has any significant impact on dependence. Another import question for the research agenda is whether welfare measurably impro or reduces the economic opportunities of children in recipient famil The evidence available at this point, however, does not support view that, on balance, Great Society welfare programs have hurt rat than helped poor people. That view, based largely on cross-sectio evidence, is simply not compatible with longitudinal evidence, wh shows the benign nature of most contact with welfare.

Notes

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1. Bennett Harrison, "Labor Market Structure and the Relationship between Worl and Welfare," mimeographed (Boston. Department of Urban Studies and Planning MIT, 1977); Martin Rein and Lee Rainwater, "Patterns of Welfare Use," *Social Servic Review* 52 (December 1978): 511–34; Richard D Coe, "A Preliminary Empirical Ex amination of the Dynamics of Welfare Use," in *Five Thousand American Families*, ed Greg J. Duncan and James N. Morgan (Ann Arbor, Mich · Institute for Social Research 1981), vol 8; Greg J. Duncan, Richard D. Coe, Mary E Corcoran, Martha S. Hill, Sau D. Hoffman, and James N. Morgan, *Years of Poverty, Years of Plenty* (Ann Arbor, Mich Institute for Social Research, 1984).

2. Figures in the table come from the Committee on Ways and Means, *Backgroun Material and Data on Programs within the Jurisdiction of the Committee on Ways and Mean* (Washington, D.C · Government Printing Office, March 6, 1987).

3. Rein and Rainwater, Harrison

4. The proportion of spells of duration t (D_t) is computed as $D_t = p_t \cdot S_{t-1}$, where p is the conditional exit probability in year t and S_{t-1} is the proportion of all spells survivin past year $t-1$ (1 − the cumulative exit rate). For example, using figures reported b David T. Ellwood, "Targeting Would-Be Long Term Recipients of AFDC" (Mathematic Policy Research, Princeton, N J., January 1986), p_1 = 29 and p_2 = 26, so D_1 = 2 and D_2 = 26 · (1 − 29) = 192.

5. Ibid.

6 A second problem, also present in multiple-spell approaches, is that there are ver little data with which to estimate escape rates from spells of medium length and virtuall none at all for spells of 10 years or more A 10-year spell is rarely observed, not onl because it is relatively uncommon, but also because only spells originating in the firs 5 years of a 15-year study can possibly be observed to last 10 years.

7 Mary Jo Bane and David T Ellwood, "The Dynamics of Dependence and th Routes to Self-Sufficiency" (final report to the U S Department of Health and Huma Services, Urban Systems Research and Engineering, Inc , Cambridge, Mass , 1983) Th analysis of Bane and Ellwood developed most of the insights about spell dynamic summarized in this article.

8 June A O'Neill, Douglas A Wolf, Laurie J Bassi, and Michael T Hannan, "A Analysis of Time on Welfare" (report to Assistant Secretary for Planning and Education Department of Health and Human Services, The Urban Institute, Washington, D C June 1984)

9. Ellwood

10 All of the survey-based estimates reflect whether or not welfare income in calendar year exceeds some threshold level and, if so, assume that welfare was receive continuously during the year Bane and Ellwood use $250 per year of AFDC or "othe welfare" (not including Supplemental Security Income or Food Stamps) as the threshold Ellwood uses an amount of AFDC or "other welfare" equal to 1 month's benefits for family of four in the household's state of residence, O'Neill and her associates use $ or more of any welfare income, including either AFDC or Food Stamps (the two source cannot be distinguished in the National Longitudinal Surveys [NLS]) Because of th varying definitions of welfare receipt used in these studies, the findings in table 2 ar not strictly comparable to those in table 1 NLS data are based on women in a restricte age range (aged 14–24 in 1968) and suffer from the fact that no information abou welfare receipt is available in a number of years

11. The construction of these measures from panel data typically relies on the as sumption that exit probabilities have not varied by calendar year Evidence from O'Nei and her associates' analysis of case records and from Ellwood's analysis of the Pane Study of Income Dynamics (PSID) appears to indicate that recent cohorts of AFD recipients have higher exit probabilities and shorter spells This evidence suggests tha spell-based estimates based on panel study evidence gathered from the late 1960s an 1970s overstate the extent of long-term usage in the 1980s. Bane and Ellwood do no

account for calendar year variations in exit probabilities; Ellwood does.

12. Bane and Ellwood; Ellwood; Charles Murray, "According to Age: Longitudinal Profiles of AFDC Recipients and the Poor by Age Group" (paper prepared for the Working Seminar on the Family and American Welfare Policy, American Enterprise Institute, Washington, D.C., September 1986).

13. Bane and Ellwood, Ellwood.

14. O'Neill et al.

15. Bane and Ellwood present a substantially higher figure for earnings exits, but Ellwood (p. 56) reports that this was the result of a coding error. Specifically, exits due to earnings were incorrectly overstated, and exits attributable to increases in transfer income other than AFDC were undercounted. Bane and Ellwood present a great deal of information about exits—and, especially, exits through earnings increases—but that information is, because of the coding error, not reliable and not discussed here

16. Robert M. Hutchens, "Entry and Exit Transitions in a Government Transfer Program. The Case of Aid to Families with Dependent Children," *Journal of Human Resources* 16 (Spring 1981)· 217–37.

17. Ellwood (n. 4 above).

18. O'Neill et al. (n 8 above).

19. Bane and Ellwood (n. 7 above).

20. Ellwood.

21. Philip K. Robins, "A Comparison of the Labor Supply Findings from the Four Negative Income Tax Experiments," *Journal of Human Resources* 20 (1985): 567–82.

22. Sheldon Danziger, Robert Haveman, and Robert Plotnick, "How Income Transfers Affect Work, Savings, and Income Distribution," *Journal of Economic Literature* 18 (1981). 975–1028. While these estimates are far from insignificant, it is substantially less than might be inferred if one assumed that current recipients would otherwise be full-time workers.

23. David T. Ellwood and Mary Jo Bane, "The Impact of AFDC on Family Structure and Living Arrangements," in *Research in Labor Economics*, ed. Ronald Ehrenberg (Greenwich, Conn.: JAI, 1985), vol. 7.

24. Charles Murray, *Losing Ground* (New York. Basic, 1984).

25. Lyle P. Groeneveld, Michael T. Hannan, and Nancy Tuma, "Marital Stability," in *Final Report of the Seattle/Denver Income Maintenance Experiment* (Menlo Park, Calif.: SRI International, May 1983), vol. 1.

26. The experimental design included a set of welfare plans that provided different levels of benefits and different treatment of earned income.

27. Glen G. Cain, "Negative Income Tax Experiments and the Issues of Marital Stability and Family Composition and the Income Maintenance Experiments," in *Lessons from the Income Maintenance Experiments*, ed. Alicia H. Munnell (Boston: Federal Reserve Bank of Boston, 1986).

28 Ellwood and Bane.

29. William J. Wilson and Katherine M. Neckerman, "Poverty and Family Structure: The Widening Gap between Evidence and Public Policy Issues," in *Fighting Poverty. What Works and What Doesn't*, ed. Sheldon Danziger and Daniel Weinberg (Cambridge, Mass.: Harvard University Press, 1986).

30. Saul D. Hoffman and Greg J. Duncan, "Welfare and Marriage Choices of Divorced Women" (paper presented at the Population Association of America annual meeting, San Francisco, April 1986).

31. Mark W. Plant, "An Empirical Analysis of Welfare Dependence," *American Economic Review* 74 (September 1984): 673–84.

32. Rebecca N. Blank, "How Important Is Welfare Dependence?" (discussion paper no. 821-86, Institute for Research on Poverty, Madison, Wis., 1986), p. 50.

33. O'Neill et al. (n 8 above).

34. Martha S. Hill, Sue Augustyniak, Greg J. Duncan, Gerald Gurin, Patricia Gurin, Jeffrey Liker, James Morgan, and Michael Ponza, "Motivation and Economic Mobility of the Poor," Research Report Series (Ann Arbor: University of Michigan, Institute for Social Research, 1985).

35. Paul J. Andrisani, *Work Attitudes and Labor Market Experience* (New York: Praeger, 1978); Hill et al.

36. O'Neill et al., p. 87.

37. Oscar Lewis, *La Vida: A Puerto Rican Family in the Culture of Poverty* (London. Panther, 1968).

38. Martha S. Hill and Michael Ponza, "Does Welfare Dependency Beget Dependency?" mimeographed (Ann Arbor, Mich.: Institute for Social Research, 1984), and "Poverty across Generations: Is Welfare Dependency a Pathology Passed on from One Generation to the Next?" (paper presented at the Population Association of America meeting, Pittsburgh, March 1983).

39. Sara McLanahan, "Family Structure and Dependency: Early Transitions to Female Headship," *Demography* (in press)

40. Martha S. Hill and Greg J Duncan ("Parental Family Income and the Socioeconomic Attainment of Children," *Social Science Research* 16 [1987] 39–73) examine the effects of welfare on both completed schooling and wages, and Sara McLanahan ("Family Structure and the Reproduction of Poverty," *American Journal of Sociology* 90 [1985]. 873–901) focuses on schooling activities.

41. Hill and Ponza, "Does Welfare Dependency Beget Dependency?"

42 Murray, *Losing Ground* (n. 24 above).

43 Sara McLanahan et al., "Losing Ground A Critique" (special report no. 38, Institute for Research on Poverty, Madison, Wis., August 1985).

Delinquency and Drug Abuse: Implications for Social Services

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Recent studies have revealed common risk factors for adolescent drug abuse and delinquency This evidence suggests that efforts to prevent adolescent substance abuse and chronic serious delinquency should target the same factors The same interventions may decrease the risk of both of these forms of adolescent antisocial behavior. Further, given the high rates of drug use among delinquents, drug-abuse intervention and treatment programs are clearly needed for delinquent populations. This article explores the evidence linking adolescent drug use and delinquency, examines shared and distinguishing factors in the etiology of each, and discusses implications for prevention and treatment.

Frequent use and abuse of drugs is more common among youths who engage in chronic delinquent behavior than among other adolescents.[1] Data collected in 1980 in the National Youth Study, a self-report study of a national probability sample of adolescents, showed that nearly 50 percent of serious juvenile offenders (who admitted having committed three or more index offenses in the past year) were also multiple, illicit

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drug users.[2] Eighty-two percent of these chronic serious offenders reported use, beyond experimentation, of at least one illicit drug. In this sample, incidence rates of alcohol use among serious delinquents were four to nine times those of nonoffenders, rates of marijuana use were 14 times those of nonoffenders, and rates of use of other illicit drugs were six to 36 times those of nonoffenders, depending on the drug.

Criminal behavior and drug use often occur simultaneously. A Rand survey of prison inmates in California found that over 40 percent reported using drugs such as heroin, barbiturates, or amphetamines in the 3 years before their incarceration.[3] A study of 2,000 inmates in California, Michigan, and Texas revealed that 83 percent of prisoners incarcerated for violent offenses were taking drugs daily during the month prior to their committing an offense.[4] In a study of substance abuse among juveniles adjudicated for violent crimes, half reported that they used alcohol or drugs prior to their violent behaviors, and 40 percent reported using drugs immediately prior to their committing an offense.[5]

These findings have led to speculation and research regarding possible causal relationships between drug use and crime. Some have argued that drug use causes or exacerbates crime, while others suggest that individuals with criminal tendencies are inclined to become drug abusers.[6] Still others have argued that delinquency and drug abuse are different behavioral manifestations of a "deviance syndrome" that results from common etiological factors and processes.[7]

An understanding of the relationships between delinquency and drug use among adolescents has been made more difficult by the fact that both minor delinquency and the occasional use of alcohol and marijuana have become relatively widespread among American adolescents. The majority of teenagers commit minor delinquent offenses such as shoplifting or vandalism and try alcohol and marijuana before graduating from high school.[8] While not desirable, minor delinquency and occasional use of alcohol and marijuana have become statistically normative.[9] The factors that lead to these behaviors are likely to be quite different from factors that lead to serious and persistent delinquency or to frequent use of illicit drugs.

Participation in delinquent behavior generally precedes drug use chronologically.[10] Among most youths, delinquent behavior peaks between ages 15 and 17, while drug involvement increases during the teen years and peaks in the early 20s.[11] However, for a small proportion, probably between 2 and 6 percent of the youth population, both serious criminal behavior and frequent drug use persist into adulthood.[12] This small group of drug-using chronic offenders is responsible for a disproportionate number of violent crimes and property crimes and for large social and economic costs to society.[13]

The existing evidence indicates that, in spite of apparent differences in age of onset and patterns of maintenance, similar factors appear to increase the likelihood of both serious and persistent delinquent behavior and the frequent use of illicit drugs, though some distinguishing factors related to gender, type of drug, type of delinquency, and the severity of the behavior have been identified.[14] The identification of factors related to serious delinquency and frequent drug use in adolescence should inform the design of sound strategies for preventing these behaviors.

Risk Factors for Delinquency and Drug Abuse

This section summarizes the evidence regarding shared risk factors for chronic serious delinquency and the frequent use of drugs during adolescence.

Early frequency and variety of antisocial behaviors in the primary grades of elementary school.—Problematic conduct early in life continues for certain children. The greater the variety, frequency, and seriousness of childhood antisocial behavior before age 10, the greater the risk of persistent and frequent delinquent behavior continuing into adulthood.[15] Among males, aggressive behavior in early elementary grades is related to rates of both self-reported and official delinquency in adolescence.[16]

Early antisocial behavior also predicts frequent use of drugs in adolescence. In a sample of 1,242 urban black first-grade students, Kellam and Brown found a positive correlation between first-grade male aggressiveness, especially when coupled with shyness, and the frequency of substance use 10 years later.[17]

For males, early delinquent behavior appears to predict early use of marijuana and other illicit drugs. Simcha-Fagan and Gersten found that early, minor delinquency is associated with eventual marijuana use and that early adjustment problems predict the use of illicit drugs other than marijuana.[18]

Early antisocial behavior appears to predict initiation of drug use, but not initiation of drug use later in adolescence.[19] This is important because early initiation of drug use increases the risk of drug *abuse*.[20] There is also evidence that an early start in drug use increases the probability of involvement in crime.[21]

This link between early drug use initiation and delinquent behavior is supported by data from our current study of institutionalized delinquents in Washington State. Nearly 83 percent of an institutionalized delinquent sample as compared with 32.7 percent of a national sample of high school seniors had tried alcohol by age 14, while 78.9 percent of the delinquent sample as compared with only 15.5 percent of the high school seniors had tried marijuana by age 14.[22] The early initiation

of antisocial behavior, including drug use, appears to be common in youths who will engage in multiple forms of antisocial behavior during adolescence.

Parent and sibling drug use and criminal behavior.—Children whose parents or siblings engage in crime or drug use are themselves at greater risk for these behaviors. Convicted parents and delinquent siblings increase the risk of delinquency, whether measured by official records or self-reports.[23] Having siblings who have been convicted of a crime is strongly predictive of chronic offending.[24] The contribution of family criminality is underscored in a longitudinal study of working-class London youths by West and Farrington.[25] The authors reported that less than 5 percent of all families in the study were responsible for 48 percent of all criminal convictions among participants.

Likewise, parental alcoholism and the use of illicit drugs by parents and siblings increase the risk of alcoholism and drug abuse in children. Bush and her colleagues found that parent and family modeling of drug use positively influences children's expectations to use drugs as well as their actual drug use.[26] Not surprising, 36.8 percent of our Washington State sample of institutionalized delinquents reported that their parents had used marijuana, and 26.3 percent reported that their parents currently used marijuana.

Poor and inconsistent family-management practices.—Children raised in families with lax supervision, excessively severe or inconsistent disciplinary practices, and little communication and involvement between parents and children are at greater risk for later delinquency and frequent drug use in adolescence.[27] Conversely, positive family relationships appear to discourage youths' initiation of drug use.[28] Limited evidence suggests that family factors may be more important for females than males in predicting illicit drug use.[29]

Family conflict.—In spite of much speculation regarding the role of "broken homes" in the etiology of delinquency, the evidence regarding family structure and delinquent and drug-using behavior is mixed. While children from homes broken by marital discord are at higher risk of delinquency and drug use, there does not appear to be a direct independent contribution of "broken homes" to delinquent behavior.[30] Conflict between family members appears to be more salient in the prediction of delinquency and illicit drug use than family structure per se.[31]

Family social and economic deprivation.—Children from socially deprived families characterized by social isolation and multiple entrapment of parents in extreme poverty, poor living conditions, and low status occupations or unemployment are at elevated risk of chronic delinquent behavior and frequent drug use.[32] Nonchronic delinquency, occasional alcohol use, and marijuana experimentation do not become more prevalent as socioeconomic status decreases.[33] However, persistent

serious crime and the regular use of illicit drugs appear more prevalent among those raised in conditions of extreme social and economic deprivation.

School failure.—Whether measured by self-reports or by police records, delinquency is related to academic performance at school. Youths who experience academic success are less likely to be delinquent, while those who fail in school are more likely to engage in persistent delinquency.[34] Youths from low socioeconomic and minority backgrounds are more likely to experience academic failure than are white middle-class students. Yet, the experience of academic failure itself is related to delinquency even after controlling for class and race.[35]

School failure in late elementary grades is related to delinquency. By the end of elementary school, low achievement, low vocabulary, and poor verbal skills predict later delinquency.[36] It should be noted, however, that early academic performance in grades 1–3 of elementary school does not appear to be predictive of delinquency. In earlier grades, aggressiveness and other school adjustment problems including school truancy appear more strongly predictive of later delinquency.[37]

School failure has also been identified as a predictor of adolescent drug use. Poor school performance is an antecedent of drug initiation and predicts subsequent levels of use.[38] Truancy, placement in a special class, and early dropout from school also have been shown to predict drug abuse in a longitudinal study of 15-year-olds.[39] In contrast, outstanding performance in school reduced the likelihood of frequent drug use among a ninth-grade sample studied by Hundleby.[40]

It is less clear from existing research how early school achievement or performance is related to other predictors of delinquency and frequent drug use. Fleming, Kellam, and Brown found that children in their inner-city black sample who scored high on first-grade readiness and IQ tests exhibited earlier and more frequent use of alcohol and marijuana.[41] These students were more than twice as likely to become frequent users of these substances than other students. Teacher-rated learning problems for first-grade students were not related to future substance use when shyness and aggressiveness were controlled. Kellam and Brown found that aggressiveness in a sample of first graders was invariably accompanied by learning problems, but learning problems frequently occurred without aggressiveness and, alone, did not predict subsequent drug use.[42] Kandel has suggested that low school performance does not itself lead to drug use, but that the factors leading to poor school performance are also predictive of drug involvement.[43]

The available evidence suggests that social adjustment is more important than academic performance in the early elementary grades as a predictor of later delinquency and frequent drug use. Early antisocial behavior in school may predict academic failure in later grades as well as later delinquency and drug abuse. Academic failure in late elementary

grades may exacerbate the effects of early antisocial behavior or contribute independently to delinquency and drug abuse.

Low degree of commitment to education and attachment to school.—Negative relationships have been reported between delinquency and commitment to educational pursuits, participation in school activities, achievement-oriented educational aspirations, and caring about teachers' opinions.[44] Longitudinal analyses of data from a Seattle panel studied in seventh and ninth grades showed that low bonding to school in seventh grade was more consistent and pronounced for students who became chronic serious delinquents by ninth grade than for those involved only in minor delinquency at this point.[45]

A low degree of commitment to educational pursuits also appears to be related to adolescent drug use. The use of hallucinogens, cocaine, heroin, stimulants, sedatives, and nonmedically prescribed tranquilizers is significantly lower among students who expect to attend college than among those who do not plan to go on to college.[46] Drug users are more likely to be absent from school, to cut classes, and to perform poorly than nonusers.[47] Factors such as how much students like school, time spent on homework, and perception of the relevance of course work also are related to levels of drug use, indicating a negative relationship between commitment to education and frequent drug use among junior and senior high school students.[48]

Peer factors.—Association with delinquent peers during adolescence is among the strongest correlates of adolescent delinquency. Similarly, association with drug-using peers is one of the strongest predictors of adolescent drug use.[49] Jessor, Close, and Donovan found that perceived environmental predictors, such as friends as models for drug use, accounted for twice as much variance in drug use as personality factors.[50] Clayton and Ritter found that the two most powerful discriminating variables for multiple drug use were both indicators of drug use by friends.[51]

It is not known at what point peer associations become important in predicting delinquency and drug use. Investigators have begun to study peer associations longitudinally from childhood into adolescence. This interest has been prompted in part by evidence that childhood social maladjustment (i.e., poor peer relations) is a significant predictor of antisocial behavior, including delinquency and frequent drug use, later in life.[52]

Attitudes and beliefs.—Individual attitudes and beliefs are related to substance use and delinquency. Generally, a constellation of attitudes and beliefs indicating a social bond between the individual and conventional society has been shown to inhibit both delinquency and drug use.[53] The elements of this bond that are most consistently inversely related to drug use and delinquency are attachment to parents, commitment to school and education, frequent involvement in church

activities, and belief in the generalized expectations, norms, and values of society.[54]

Conversely, alienation from the dominant values of society, low religiosity, and rebelliousness have been shown to be positively related to drug use and delinquent behavior.[55] Similarly, high tolerance of deviance, resistance to traditional authority, and a strong need for independence have all been linked with drug use.[56] All of these qualities would appear to characterize youths who are not socially bonded to society.

Neighborhood attachment and community disorganization.—Neighborhood characteristics such as high population density, high officially recorded rates of crime, and lack of surveillance of public places have been identified as predictors of delinquency in juveniles.[57] Attachment to neighborhood also appears to be a factor in the inhibition of crime. People in communities characterized by low crime rates have a stronger sense of bonding to the neighborhood, participate actively in the informal surveillance of public areas, and move less often than people in high crime neighborhoods.[58] Length of residence in a neighborhood is strongly associated with positive sentiment toward the neighborhood.[59] A rapid change in neighborhood population has been shown to be associated with higher victimization rates, even after accounting for racial and age differences.[60] An influx of new residents into a neighborhood may diminish the authority of informal organizations that exert regulatory control over residents and may lead to conditions of neighborhood disorganization.

The Chicago area studies of Shaw and McKay and McCord and McCord's evaluation of the Cambridge-Somerville project pointed to community disorganization as a factor in the breakdown in the ability of traditional social units such as families to transmit social values.[61] A lack of informal social controls appears associated with increased rates of delinquency and recidivism in disorganized communities. Though the evidence on this topic is unavailable, it is likely that community values and norms affect rates of adolescent drug use as well. It can be hypothesized that disorganized communities have little ability to provide consistent norms or standards regarding adolescent behavior. Community disorganization may weaken or counteract the ability of units such as families and schools to limit adolescent drug use, though we are not aware of specific studies of this issue as related to adolescent drug use.

Mobility.—There is evidence that rates of antisocial behavior among adolescents increase following various transitions such as the change from elementary to middle school or junior high school and from junior to senior high school.[62] Further, it appears that residential mobility predicts delinquency and is associated with higher rates of drug initiation and frequency of use.[63] The Cambridge study found

that frequent moves were correlated with high rates of delinquency, though moves to distant locations were followed by lower rates of delinquency.[64] West attributes these latter results to a breakup of delinquent associates and reduced opportunity for crime associated with moves away from inner-city London.[65] While the contribution of mobility to delinquency and drug use is not well understood, there is evidence that it may play a role in the etiology of these behaviors.

Physiological factors.—Since the late nineteenth century, criminologists have debated the proposition that criminals are constitutionally or genetically different from more conventional citizens. Similar arguments have been advanced that alcoholism is an inherited disorder. Debates among scholars over these claims often have been tied to ideological perspectives as well as empirical evidence, often inhibiting rational investigation of this issue.[66]

Constitutional factors are factors present at, or soon after, birth, and whose behavioral consequences are thought to appear gradually during a child's development. There is evidence that adult criminals, youths who commit serious delinquent acts, and children with conduct disorders can be distinguished from comparison groups on neurophysiological and cognitive dimensions.[67] Depressed levels of autonomic and central nervous system arousal have been found in delinquent youth.[68] These findings may be related to the results of other research that shows that attention-deficit disorders (characterized by excessive motor activity, impulsivity, and easy distractibility) are associated with increased risk of later delinquency.[69] Longitudinal follow-ups of children referred to clinics for treatment of attention-deficit disorders or hyperactivity have shown them to have higher risk of delinquency.[70] Retrospective studies of adolescent delinquents also suggest that they demonstrated behavior in childhood typical of hyperactive youths.[71] Douglas and Peters, in a review of attention deficits in hyperactive children, conclude that they are not especially distractable but perform better in highly stimulating environments.[72] While they exhibit impairments in sustained attention, selective attention appears unaffected. Attention deficits of this type are similar to those found in delinquent populations.[73] These findings may, in turn, be related to evidence regarding a link between sensation seeking, delinquency, and frequent drug use.

Personality factors.—There is evidence that a sensation-seeking orientation may predict initiation to, and variety of, drug use. Penning and Barnes suggest an association between marijuana use and sensation seeking.[74] Spotts and Shontz found measures of sensation seeking to be related to the number of drugs used. The authors view their results as "consistent with the proposition that a need for stimulation or change underlies experimentation with a large number of substances."[75] In a related finding, Ahmed, Bush, Davidson, and Iannotti discovered

that two measures of risk taking, willingness to risk injury and willingne to risk illness, predicted use of alcohol, cigarettes, and marijuana Further research exploring the relationship between sensation seeki and drug use in children is needed.

Research has produced less consistent results regarding the rel tionships between sensation seeking and delinquency. Relationshi between officially recorded delinquency, self-reported delinquenc and sensation seeking have been reported by Fadey and Farley.[77] Ho ever, other studies have failed to find a relationship between sensatic seeking and delinquency.[78] It may be speculated that sensation seeki is a response to depressed levels of nervous system arousal manifest as attention-deficit disorders.

Cognitive deficits also have been found disproportionately in deli quent and criminal populations even when controlling for socioeconom status and other background variables.[79] The cognitive deficits of c fenders appear to be largely composed of deficits in verbal abilities. Low verbal ability may affect the probability of delinquent behavi in several ways. Low ability is likely to increase the chance of scho failure, which appears more strongly linked to delinquency than abi ty itself.[81] Low verbal ability may also increase the likelihood of aggressi behavior in childhood. Camp found that poor use of language problem-solving tasks predicted aggressiveness and conduct disorde in elementary school–aged children.[82] Additionally, low ability m be related to a failure to consider future benefits associated with co forming behaviors and, hence, with impulsive delinquent acts or dr use.

No evidence has been found of greater psychopathology in adolesce drug users as compared with nonusers except when users are ve young.[83] Gersick, Grady, Sexton, and Lyons suggest that the personali characteristics of those with an early onset of use may differ fro those who initiate drug use later because use becomes more comm with increasing age.[84] This suggestion is consistent with research showi that attention deficit disorders, hyperactivity, and conduct disorde before age 12 predict the onset of drinking.[85] Generally, with tl exception of rebelliousness, alienation, and sensation seeking, personali factors have been found to be less predictive of substance use th behavioral or interpersonal factors.[86]

While constitutional factors may increase the risk of delinquen and drug abuse, it is likely that these factors interact with other ri factors in the etiology of these behaviors. It is unlikely that there a simple, direct relationships between individual constitutional facto and these behaviors. Constitutional factors, like other risk facto appear to contribute relatively small proportions to explained varian in delinquency or drug abuse. For example, the adoption studies th suggest a genetic factor in male alcoholism reveal that fewer than 2

percent of the sons of alcoholics become alcoholic. Factors other than genetic predisposition must be considered to explain why over 75 percent of the sons of alcoholics do not themselves develop alcoholism.[87] Conversely, about half of the hospitalized alcoholics do not have a family history of alcoholism, suggesting that a substantial proportion of alcoholism is not linked to genetic factors.[88]

Summary

The preponderance of evidence from the etiological research indicates a common set of risk factors for both serious chronic delinquency and the frequent use of drugs during adolescence. Further, there is evidence that the greater the number of risk factors present, the greater the probability of adolescent antisocial behavior.[89] This evidence suggests that prevention efforts seeking to reduce drug abuse hold greater promise if they address multiple risk factors for delinquency and drug abuse.

While covariation and temporal ordering have been established for the risk factors summarized above, it is difficult to choose among a host of plausible rival hypotheses regarding the relationships among risk factors for delinquency and frequent drug use. For example, relationships have been found between poor family-management practices and delinquency and drug abuse, early antisocial behavior and delinquency and drug abuse, and constitutional factors and delinquency and drug abuse. However, it is not yet known how constitutional factors, family-management practices, and early antisocial behavior interact in the etiology of adolescent deviance. To what extent is childhood aggressiveness determined by constitutional factors, and to what extent is it a product of poor family management? What are the direct and indirect contributions of each to delinquency and drug abuse? The answers to such questions will help to untangle the causal pathways in the development of serious antisocial behavior among adolescents. Longitudinal research is needed to address such issues and to further inform decisions regarding the most promising approaches for preventing drug abuse and delinquency in high risk groups. Nevertheless, the existing evidence regarding risk factors provides a guide for empirically based practice.

Implications for Prevention and Treatment Programming

Two knowledge bases are available to inform policy that seeks to reduce delinquency and drug abuse. The first, the literature regarding risk factors for delinquent behavior and frequent drug use, has been reviewed above. The second foundation for action consists of results

of evaluations of delinquency and drug abuse prevention and treatme programs. This second body of literature has been the subject of mu debate. Reviews of the delinquency-prevention literature and the dru abuse–prevention literature have noted the methdological inadequaci of many evaluation studies.[90] These methodological problems ha been so pervasive that some authors have asserted that, given tl quality of the available evidence, little can be concluded regarding tl effectiveness of many approaches to delinquency prevention.[91] Y certain approaches to adolescent drug abuse as well as recent met analyses of delinquency prevention and treatment have shown positi results.[92] Promising approaches to prevention and treatment identifi below emerge from consideration of the previously reviewed eviden regarding risk factors and from evaluation studies that have produc positive or promising results.

The Early Identification and Prevention of Delinquenc and Drug Abuse

From a cost-benefit perspective, it appears reasonable to suggest th prevention programs should target those groups at greatest risk chronic serious delinquency and drug abuse and should address tl known risk factors for these behaviors. There appears to be an emergi consensus that interventions provided early in the developmental proce hold greatest promise for preventing delinquent and drug-relat behavior problems.[93]

Effective and efficient preventive interventions targeted on individu depend on accurate identification of those at high risk. While seve screening instruments to identify adolescents who have already d veloped alcohol or other drug-related problems have been developed little work has been done to develop tools for identifying youths future risk of drug abuse. In contrast, in the delinquency field, number of efforts have been made to identify children believed to at risk of later law violations. In the 1950s, Glueck and Glueck develop a method of predicting delinquent behavior among boys based on fi factors: discipline of the boy by the father, supervision of the boy l the father, affection of the father for the boy, affection of the moth for the boy, and cohesiveness of the family.[95] The Gluecks believ that families of juvenile delinquents were characterized by erratic di cipline techniques, low cohesiveness, and hostile or rejecting attitud Weighted scores were assigned to each of these factors to predict youth's likelihood of engaging in delinquent behavior. Any you whose score exceeded an established criterion was identified as a "pr delinquent."

Efforts to validate the Glueck prediction method produced mix results. Craig and Glick followed 250 boys who had been scored

the Glueck scale when entering the first grade. Ten years later, 82 percent of those with the highest scores had become persistent serious delinquents.[96] However, the Glueck method was not efficient in predicting subsequent illegal behavior among boys making their first court appearances.[97] Tait and Hodges reported incorrect classifications in approximately 67 percent of cases sampled in the Maximum Benefits Project.[98] These results indicate a persistent problem in efforts to identify predelinquents, the issue of false positives, or the identification of children as "predelinquent" who will not subsequently engage in serious, persistent antisocial behavior.

More recent efforts to identify children at high risk of delinquency have used combinations of teacher and parent ratings of current behavior to predict future delinquency. Loeber, Dishion, and Patterson have developed a procedure called "multiple gating," which uses teacher and parent reports to screen predelinquent youths from youths who are not expected to become delinquent.[99] The multiple gating system consists of three sequential assessments: (1) teacher ratings of a youth's problem behavior in the early grades of elementary school; (2) parents' telephone report of conduct problems presented by the youth at home; and (3) an interview with the child and parents about family-management practices. Loeber et al. reported that these gates accurately identified children who later engaged in delinquent behavior 56 percent of the time. These results suggest that in some cases, children at risk of delinquency can be identified. However, inaccurate positive predictions of over 40 percent indicate that problems associated with false positives persist.

The problem of false positive predictions creates ethical issues for prevention efforts directed at individuals. The ethical problem is the labeling and treatment of individuals as "predelinquents" or future drug abusers who will not, in fact, engage in serious delinquency or drug abuse. Given the rate of false positive predictions associated with currently available diagnostic systems, there is some risk in focusing prevention efforts on identified high-risk individuals with the goal of delinquency or drug abuse prevention. Yet, prevention efforts focused on the etiology of antisocial behavior hold promise for preventing early conduct problems from becoming chronic antisocial behavior in adolescence.

This dilemma leads us to suggest an alternative strategy for targeting efforts to prevent chronic, serious antisocial behaviors through early intervention. Rather than targeting individuals for preventive efforts, prevention programs can target neighborhoods, schools, or communities where risk factors for delinquent behavior and drug abuse are prevalent. Preventive efforts can be made available to populations in these targeted schools, neighborhoods, or community areas. Alternatively, the ethical problem associated with early identification and intervention may be

minimized by focusing prevention activities on already existing problen such as identified behavior problems, academic failure, or family-mar agement problems. While some risk factors, such as a family histor of antisocial behavior or alcoholism, may not present a current problem that warrants intervention in its own right, the presence of other ri factors, such as current antisocial behavior by the child, clearly provid a legitimate reason for intervention.

Given the existing knowledge of risk factors, experimental preventic efforts with high-risk populations in high-risk areas appear warrante Promising preventive approaches that seek to reduce conduct disorde and antisocial behaviors in early developmental stages, to correct po family-management practices, to prevent school failure, to addre peer and other social influences toward drug use and delinquenc and to insure the development of personal skills are described belo These approaches are summarized in table 1.

Early Childhood Education with Parent Involvement

As noted above, conduct problems in the first years of elementa school predict male delinquency and frequent drug use in adolescenc A number of children lack interpersonal skills and are not social prepared for their first years of school. Lack of interpersonal skills fo school participation may cause children to perform poorly in the clas room and to have social difficulties. Poor classroom achievement an rejection by peers are both factors that later will increase risk fo delinquency and drug abuse.

One promising prevention approach that addresses these risk facto is early childhood education. The Perry Preschool Program is an examp of an early childhood education program that helps young childre develop interpersonal skills and assists parents to develop skills i family management. Preschool classes focus on enhancing children intellectual and social development. In addition, trained teachers vis mothers and children in their homes for 1½ hours each week. Follo up studies reveal that, when compared to a randomly assigned contr group, minority children from economically deprived families wh had attended the preschool had lower arrest rates, as shown in offici police and court records, as well as lower rates of self-reported viole crime at age 19.[100] Preschool participants also had higher rates o secondary school completion, higher grade point averages, and few pregnancies during adolescence. The results indicate that prescho participation combined with a parent education program may reduc levels of later delinquent behavior and improve academic and soci adjustment among economically deprived populations. Effects of th approach on drug use have not been assessed.

Parent Training Prevention Strategies

We have noted the importance of family factors in the early socialization of children and the strength of family-management variables as predictors of subsequent delinquency and drug use. Family-focused interventions that seek to improve family-management skills appear promising as a prevention strategy. Parent training combines knowledge building with skill development. Trainers use lectures, reading assignments, and videotapes to provide instruction in skills, followed by demonstration, modeling, and supervised practice to insure skill acquisition at the level of application.[101]

Most systematic evaluations of parent training have involved parents of children with conduct problems. Parent training focused on teaching parents to monitor their children's behavior, to use moderate contingent discipline for undesired behavior, and to consistently reward positive behavior has been shown to reduce children's antisocial behaviors and to increase parent-child attachment and decrease children's skill deficits.[102] Moreover, at least four randomized experimental tests of parent training have shown significant reductions in preadolescents' targeted problem behaviors.[103]

The evidence regarding the effectiveness of parent training in reducing childhood conduct disorders suggests the promise of this approach as a prevention strategy for delinquency and drug abuse. Training adjusted to the developmental stage of the child should help parents develop skills to reduce children's early conduct problems in preschool and early elementary years, to increase academic performance in middle elementary grades, and to deal with social influences toward drug use and other antisocial behaviors in late elementary and junior high school years. To date, little experimental research on the effectiveness of parent training for drug abuse prevention has been conducted, though single-case interventions and preliminary studies of group experiments suggest the promise of these approaches when parents can be successfully induced and retained in training sessions.[104]

Life Skills Training in Schools

A number of programs have been developed for use in school classrooms to reduce antisocial behaviors and increase appropriate social behaviors of students. These have been offered at all grade levels and have been packaged alternatively as health promotion curricula, law-related education, citizenship skills, interpersonal-skills training, and proactive classroom management. At their best, each of these approaches uses the principles of good instruction to communicate specialized content to students.

Table 1

PROMISING APPROACHES TO PREVENTING ADOLESCENT DRUG ABUSE AND DELINQUENCY

Intervention	Description	Risk Factor(s) for Antisocial Behavior Addressed
1. Early childhood education with parent involvement	Preschool children receive training in interpersonal and cognitive skills. Parents learn to reinforce these skills in the home. Parents attend classes to improve family-management skills.	Early childhood conduct problems School failure Poor family-management practices
2. Parent training	Trainers use lectures, videotapes, and modeling to teach parents to set clear expectations for children's behaviors, to monitor their children's behavior, and to consistently reinforce children's behavior.	Family conflict Poor family-management practices
3. Life skills training in schools:		
a. Cognitive skills training	Elementary school children are taught how to generate alternative solutions, understand means-ends relationships, and develop consequential thinking skills	Early childhood conduct problems School failure Attachment to school Antisocial peer influence
b. Proactive classroom management	Children are taught basic expectations for classroom participation using structured instructional methods.	Early childhood conduct problems Commitment to education
c. Law-related education	Structured curricula seek to improve students' citizenship skills and promote favorable attitudes toward the law and the justice system.	Antisocial attitudes and beliefs
d. Life skills training	Youths receive training in decision making, communication, assertion, and coping with anxiety	Family social and economic deprivation School failure Antisocial attitudes and beliefs

Table 1 (*Continued*)

Intervention	Description	Risk Factor(s) for Antisocial Behavior Addressed
e. Problem-solving and behavioral skills training	Cognitive and behavioral skills training are combined to teach youths how to solve problems and improve behavior in school and at home	Family conflict Antisocial peer influence
4. Enhancement of instruction to broaden academic success . . .	Teachers are trained in interactive teaching and cooperative learning techniques that seek to increase student participation in classroom activities and academic success for all students.	School failure Commitment to education Attachment to school
5. Social influence strategies	Teach children to recognize the role that peers, family, media, and community play in influencing decisions to use drugs	Parent and sibling drug use and criminal behavior Antisocial peer influence
6 School-based health clinics	Provide counseling, drug and alcohol intervention, and family services in a school-based clinic setting	Commitment to education Attachment to school

The following life skills curricula address risk factors for serious chronic delinquency and drug abuse.

Cognitive interpersonal skills training.—Cognitive interpersonal skills training is provided by kindergarten and first-grade teachers to teach children how to generate alternative solutions, understand means-ends relationships, and develop sensitivity to interpersonal problems. Training for young children includes games designed to increase cognitive interpersonal skills, followed by training in skills to generate alternative solutions for handling interpersonal problem situations. An experimental test of this program in a Philadelphia nursery and kindergarten with 4- and 5-year-old black children showed that training increased cognitive problem-solving skills among inhibited and impulsive subjects.[105] Trained children were less likely to exhibit impulsivity or inhibition, were better liked by their peers, and showed greater awareness

of others in distress than control subjects. Children rated as well adjusted on these measures were less likely to show deviant behavior at one year follow-up.

Proactive classroom management.—Proactive classroom management is a classroom intervention in which teachers take time at the beginning of the academic year to teach basic classroom participation skills. In combination with interactive teaching and cooperative learning techniques, proactive classroom management has been shown to increase time on task and decrease time off task in middle school classrooms, to positively affect students' attitudes toward school, and to reduce rates of student suspension and expulsion among both general population and low-achieving students.[106]

Law-related education.—Law-related education is an instructional program designed to increase students' conceptual and practical understanding of the law and legal processes. Taught at both primary and secondary grade levels, law-related education (LRE) materials seek to improve citizenship skills, enhance ability to work within the legal system, and promote favorable attitudes toward the law and the justice system. Mock trials, use of legal and law enforcement professionals in the classroom, visits to courtrooms, and police "ride-alongs" are widely used methods of involving students in LRE programs.

A recent evaluation of 12 LRE classrooms revealed that participating students gained a greater knowledge of the law and legal systems than their control counterparts enrolled in regular classrooms.[107] This knowledge was significantly correlated in a favorable direction with reduced infractions of school rules, violence against students, and public disorder and drinking. With respect to 11 offenses examined, reductions in delinquency were found in four LRE classrooms. Three LRE classrooms reported increased delinquent behavior and there was no change in delinquency in the remaining five classrooms.

Studies have also shown that participation in LRE programs is effective in increasing students' knowledge of politics and government and in developing positive attitudes toward police.[108] Social attitudes, values, and beliefs are important deterrents of delinquency and drug abuse. When combined with effective teaching practices, LRE may foster attitudes favorable to positive social behavior and prevent adolescents from engaging in delinquency or drug use.

Life skills training.—Life skills training is provided by classroom teachers, health professionals, or peer leaders to teach general personal and social skills. This approach seeks to teach preadolescents and adolescents basic skills useful in developing a healthy lifestyle. These include information on self-image, smoking, and health, as well as training in decision making, communication, assertion, and coping with anxiety. When provided just prior to smoking onset, life skills

training has been effective in reducing smoking rates immediately after and 1 year following the intervention.[109]

Problem-solving and behavioral skills training.—Interpersonal problem-solving skills training and behavioral social skills training combine cognitive and behavioral skills training approaches in a staff-delivered prevention program for elementary school youths. Michelson, Kazdin, and Marchione describe a program in which youths selected through a multiple gating procedure, involving parental ratings of aggression and delinquency and teacher ratings of aggression, receive 60 skills-training sessions focused on a range of topics.[110] During the first year of the project, students receive training in developing effective problem-solving and interpersonal skills. Topics include developing empathy, standing up for one's rights, and learning to deal with authority figures. The second phase of training teaches skills to help children resist peer pressure, improve patterns of behavior in school, and get along better with family members in the home. The program seeks to teach high-risk students skills for controlling antisocial impulses, enhance skills for social interactions, and develop internal controls for children to manage their own behavior and reinforcement systems when actors in the environment fail to provide appropriate reinforcements. While this synthesis program is still being tested, evidence from the separate use of cognitive and behavioral skills training methods is positive. Both methods have produced reductions in antisocial behavior among youths at risk by virtue of their behavior.[111]

A number of life-skills curricula are available. Those programs that use proven instructional approaches to convey behavioral and cognitive skills necessary for successful personal and social functioning at each developmental stage hold promise for preventing delinquency and drug abuse. Many of these can be integrated into the academic curriculum to further learning of basic skills.

Social Influence Strategies in Schools

Social influence strategies seek to address directly the influence of drug-using and delinquent peers on antisocial behavior. Some also address family, media, and community influences on behavior as well. These strategies have been implemented just prior to the age of onset of adolescent drug use and have sought to prevent early initiation to drug use in general population samples. Social influence strategies help young people to identify influences in their environments that encourage the use of drugs; to correctly estimate, rather than overestimate, the extent of drug use among their classmates; to identify immediate social or health risks associated with drug use; to develop skills to resist social influences to use drugs; and to make explicit

commitments not to use drugs. When implemented in fifth- through tenth-grade classrooms, this approach has produced significant reductions in smoking and in alcohol and marijuana use in general population samples.[112] The effects of these interventions in reducing drug abuse among groups at highest risk remain to be tested.

Enhancement of Instruction to Broaden Academic Success

Academic failure in late elementary grades is a risk factor for later antisocial behavior. There is increasing evidence that teachers can improve their methods of teaching so that the rate of academic failure is decreased. An integrated staff development program for teachers in Seattle, Washington, includes workshops for teachers in proactive classroom management, interactive teaching, and cooperative learning. When buttressed by an observation and coaching system, use of the teaching methods produced positive effects on students' achievement and behavior at the end of 1 year.[113]

To the extent that efforts to achieve excellence in education do so by raising standards and using instructional methods that enable all students to meet these standards, they hold promise for reducing drug abuse and delinquency. However, programs that produce apparent gains in achievement test scores simply by excluding high-risk students are not likely to prevent either delinquency or drug abuse.

School-based Health Clinics

The first school-based health clinic was developed in 1973 to offer prenatal and postpartum care to pregnant teenagers at a St. Paul, Minnesota, inner-city high school. This focus was soon shifted to preventing unwanted teenage pregnancies by offering family planning, sex education, and pregnancy-testing services to all junior and senior high school students. Today, drug and alcohol treatment, individual counseling, immunization, and weight control programs are also provided by some school-based clinics. School-based clinics supplement education in the classroom with easily accessible medical care and treatment.

Curricula developed by school-based health clinics in the St. Paul school system emphasize skill acquisition and knowledge development about nutrition, drug and alcohol abuse, health care availability, and sex and family life. Evaluations of the program reveal a significant decline in births and high contraceptive use among students receiving services.[114] The program has also been effective in preventing pregnant teenagers from dropping out of school.

Zabin, Hirsch, Smith, Streett, and Hardy evaluated a school-based health program in Baltimore, Maryland.[115] The program was located in a junior high school and a senior high school and provided sex

ducation, birth control information, and counseling for male and
emale students. Pregnancy rates decreased by 30 percent among high
chool students involved with the program for at least 2 years, while
regnancy rates rose 58 percent at comparison schools in the city
uring the same time period.

We previously noted that success in school and commitment to ed-
cation are important factors in preventing delinquency and drug
buse. School-based health programs may be an effective way of retaining
igh-risk adolescents in school. Studies of the effectiveness of school-
ased health clinics in reducing adolescent drug use are needed.

'romising Treatment and Control Approaches

arrett's metaanalyses of studies of treatment interventions for delin-
uents found positive effects of life skills training, cognitive behavioral
pproaches, contingency management, and outdoor experience pro-
rams on the subsequent delinquency of adjudicated adolescents.[116]
ognitive behavioral approaches appeared most successful regardless
f the rigor of study, suggesting the promise of efforts to provide
outhful offenders with skills and internal controls to manage their
wn behavior. Three studies of family-focused interventions also showed
ositive effects, suggesting the importance of involving those in the
amily environment to which delinquents are likely to return following
eatment. Individual counseling and group counseling interventions
id not produce positive effects in the reduction of delinquent behavior
ollowing treatment in Garrett's metaanalysis.

Garrett reported only one evaluated substance-abuse program for
elinquents. This intervention produced positive effects on recidivism
nd community adjustment following institutionalization. Further de-
elopment and testing of treatment interventions for youths with serious
elinquency and drug problems are needed. The following section
lentifies treatment approaches that warrant further empirical testing.

Cognitive-behavioral interventions.—Adolescents involved in both
hronic serious delinquency and the frequent use of drugs often lack
range of skills that appear important if their patterns of behavior
re to change. These skills include impulse control, anger management,
roblem solving, time management, assertiveness, and coping with
nxiety or stress. Lack of these skills is likely to have contributed to
elinquency and drug problems. Cognitive behavioral skills training
an reduce skill deficits associated with involvement in drug use and
rime.

Cognitive behavioral skills training is a promising approach for youths
'ith conduct problems across developmental periods. A skills training
rogram for institutionalized delinquents that we are currently testing
ocuses on helping youths identify situations in which drugs or alcohol

caused them problems and on providing specific behavioral skills for avoiding future trouble. These skills include impulse control, personal responsibility, avoiding trouble, social networking, coping with authority, and problem solving.[117] The available evidence suggests that training delinquents with drug-use histories to assume personal responsibility for their behaviors and to develop practical skills for community living holds promise for rehabilitating these youths.[118]

Environmental support.—Treatment programs have demonstrated the ability to change young people's behaviors while they are in a highly structured environment. Yet, on release to the community, youths are often unable to sustain the behavioral gains they accomplished during treatment.[119] Given such results, aftercare appears fundamental to the long-term success of residential and institutional programs for delinquent and drug-abusing youths. Without effective aftercare, youths are likely to return to problem behaviors following residential intervention. The task is to create a community environment that will reinforce positive social behavior patterns learned during residential treatment.

Effective programming for the treatment of juvenile delinquents with drug problems may require a combination of interventions. Our current test of the effectiveness of reentry/aftercare intervention for institutionalized delinquents who also have significant drug or alcohol problems combines behavior skills training with a case-management system. Case managers begin work with institutionalized delinquents at least 10 weeks before their release and continue to work with them through their first 6 months in the community. Case managers work with youths to plan and implement reentry plans, conduct home visits and family meetings before and after release from treatment, and assist youths with integration back to school or work. Case managers use community visits and involvements as opportunities to encourage and reinforce the practice of cognitive behavioral skills learned in skills training sessions. Results of an evaluation of the intervention will be available in 1988.

Summary

Delinquent behavior and frequent drug use during adolescence appear to be overlapping behavior problems. Common precursors appear to increase the likelihood of both forms of behavior. Efforts to prevent these behaviors should seek to address those shared risk factors. Several approaches reviewed here have shown promise in reducing identified risk factors for delinquency and drug abuse. However, for the most part, the effectiveness of these strategies in reducing actual rates of delinquency and drug abuse among high-risk groups remains to be demonstrated. Similarly, while promising strategies for the treatment

of delinquency have been identified, few projects have tested the effectiveness of strategies that seek to treat drug abuse among delinquent youths. Additional work is needed in this important area.

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An Analysis of the Implementation of Single-Case Evaluation by Practitioners

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The adoption of single-case evaluation by practitioners is analyzed using the literature on the implementation of human service innovations. Factors associated with successful implementation are contrasted with efforts to implement single-case evaluation. Issues relevant to the innovation itself include the design process, the degree of development of the innovation, its adequacy and preparedness, and the user's costs and benefits. Knowledge of users, particularly their attitudes toward change and the innovation, can further enhance implementation. Successful implementation is also associated with organizational supports, adoption by influential professionals, the use of appropriate implementation models, and roles congruent with both design and implementation. Suggestions for increasing the implementation of single-case evaluation are provided.

The adoption of single-case evaluation methods by social work practitioners can be analyzed using the growing literature on the implementation and diffusion of innovations.[1] A review of this literature

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provides ideas on methods of successfully implementing such new practice technologies. Specifically, it suggests how single-case evaluation by practitioners may be implemented more successfully, increasing its use. In addition, future efforts to design and develop other innovations in social work practice may be improved by a serious consideration of implementation issues.

Single-subject research methods were initially adopted by behavioral researchers in psychology and education who transferred the methodology from agricultural research. As social work became increasingly concerned about demonstrating effectiveness,[2] and funding for social services decreased, the need to be accountable to clients and to funding sources became apparent. Thus, single-case evaluation was proposed as a means of helping practitioners evaluate client progress, make treatment decisions, and establish a degree of accountability.[3]

Most attempts to disseminate single-case evaluation have been educational efforts. Leaders in social work education and research contend that all social work students in direct practice should learn the methodology,[4] and most schools now include it in their direct practice curricula. In 1982, the Council on Social Work Education recommended that social work education at the baccalaureate and master's level should prepare social workers to evaluate their own practice.[5] Numerous textbooks instruct students on the use of single-case evaluation in practice,[6] and many graduate courses now integrate material on single-case evaluation with practice-methods content.[7]

Unfortunately, these endeavors have only modestly increased the use of single-case evaluation by social workers.[8] Efforts to promote the methodology have focused on educators and students, ignoring the large group of practitioners who were trained prior to the incorporation of single-case evaluation into required master of social work (MSW) courses. The situation is further complicated by the historical conflict in social work between research and practice,[9] which has not been bridged by this new technology, contrary to the hopes of its proponents. Evidence suggests that social workers, on the whole, do not use research studies in making practice decisions, nor do they value the research courses they have taken.[10] Within the ranks of both researchers and practitioners, the proposal that practitioners use single-case evaluation has generated several debates.[11]

As this brief historical sketch on the implementation of single-case evaluation suggests, practitioners are not using single-case evaluation to the extent hoped for by its proponents. To analyze this phenomenon and to gain a better understanding of it, the literature on the implementation of technologies will be examined.

Before undertaking this analysis, some key terms will be defined, as several concepts related to single-case evaluation have been discussed

in the literature and need to be distinguished from it. The first is single-case (or system) design, which will refer here to a specific research methodology that assumes that a single client or system is being studied systematically for research purposes. The second concept, single-case experimentation, is a subset of the first; it specifically explores causality by using experimentation. The third concept is single-case evaluation, the focus of this article. It refers to the routine use of single-case designs by practitioners to evaluate client progress, to help in making treatment decisions, and to establish accountability. Empirical clinical practice is the fourth and broadest of these terms, referring to a practice methodology that uses single-case evaluation and empirically validated practice methods whenever possible.

Other terms that need to be defined are utilization, implementation, and diffusion. For purposes of this discussion, utilization is a generic term, referring to the ongoing use of a technology by agencies or practitioners. Implementation, the primary focus of this article, is defined variously in the literature.[12] We will borrow Munson and Pelz's definition of implementation as "the stage of introducing an innovation in an organization." In other words, implementation is the process of attempting to get specific potential users to adopt, use, and continue to use a new tool or process. Diffusion has been broadly defined to include dissemination, distribution, installation, adoption, and target system integration;[13] however, in this article, it will be limited to a narrower group of activities. Diffusion will be defined as the dissemination and distribution of information about a technology, including any marketing or educational functions.

This article considers single-case evaluation as a human service innovation. Like other innovations, it requires diffusion and implementation efforts to assure its use by practitioners. Any new practice technology, whether a new method of group work or the use of computers by practitioners, must be disseminated and used by practitioners if it is to benefit practice. Taking this approach, several questions are raised from the literature on implementation and diffusion with regard to single-case evaluation. What are the factors thought to be associated with the successful implementation of innovations or technologies? Do these factors suggest what went wrong and what went right in the implementation of single-case evaluation? Furthermore, what actions does this literature suggest that might increase the utilization of single-case evaluation?

In the following pages, these questions are discussed in terms of three aspects of implementation: the innovation itself, the user, and the process of implementation. Although these categories overlap to some extent, they are nevertheless useful organizational tools for this discussion.

The Innovation

The literature suggests that three important aspects of the particula innovation or technology influence its implementation. These are (1 the process of design, (2) the quality of the innovation, and (3) th costs and benefits associated with it.

Design

Almost every author in this area stresses that a key aspect of desigr that affects implementation is user participation in the process o design and development. The primary reasons given for user involve ment are greater user "ownership" of the technology and increasec familiarity and knowledge of the innovation.[14] At issue, however, i: the extent of participation that is recommended. Neither the amoun of user input nor its timing (e.g., throughout the design process o only at the very end) has been unanimously recommended. Certainl the inclusion in the design process of a thorough knowledge of specifi practice situations, usually acquired from practitioners, has receivec strong support. Some authors limit further participation, dependin on the extent of the user's qualifications, status, interest, knowledg of the technology, and its stage of development.[15]

With single-case evaluation, some user participation in design anc development did occur, but most of the practitioners involved durin the initial stages were behaviorally oriented. Too few practitioner from other orientations attempt to apply single-case evaluation.[16] Be cause user participation in its design and development has been selective its opponents charge that single-case evaluation is a behavioral techniqu not appropriate for other methods of practice. Whether single-cas evaluation needs to be altered or whether we simply need greate experience in its nonbehavioral application is unclear without th involvement of nonbehavioral practitioners.

A second aspect of design is how finished the product or technolog is. A technology that is completely designed and developed is read for practitioners to learn and use. One that is not fully developed i difficult to implement successfully. Munson and Pelz offer one criterior to assess the degree of completeness of an innovation.[17] They sugges evaluating a technology on its preparedness, that is, the completenes and availability of training materials.

One of the paradoxical requirements of the process of design anc development is that, toward the end of the process, the innovatior needs to be sufficiently developed to use, but it must still be responsiv to feedback. Part of the design and development process is refining and altering a technology after feedback from trial use.[18] Therefore while completed (or "prepared") technologies may be necessary fo

implementation, the cyclical nature of design and development—from design, to use, to feedback, to redesign, to use once again—emphasizes that technologies evolve and are rarely created in final form.

When the above criterion of preparedness is applied to single-case evaluation, there seems to be a lack of consensus in social work about how developed it is and whether it is practitioner ready. One could easily make the case that single-case evaluation is not prepared in Munson and Pelz's terms; the only extant training materials are journal articles, course syllabi, and textbooks, which are not sufficient in themselves for learning to use this technology. Single-case evaluation might be considered to be in the operational field-testing stage, using stages in Thomas's model of design and development, hence not ready for implementation throughout the field.[19] The majority of the published examples of single-case evaluations illustrate behavioral interventions delivered by psychologists.[20] It is likely that this technology is well developed for a behavioral practitioner. As Schuerman has observed, "despite claims that single-case procedures can be applied to less structured forms of intervention, the difficulties of such applications have yet to be overcome."[21]

Adequacy

The adequacy or quality of the technology is another important characteristic for successful implementation. It might be assumed to be a necessary, although not sufficient, condition for implementation. However, the widespread use of ineffective or only moderately effective technologies because of effective marketing and dissemination techniques or more serendipitous factors, suggests that adequacy is not always necessary for implementation. Furthermore, the erroneous assumption in the literature[22] of a direct causal link between technological adequacy and successful implementation assumes a rational process that we know is at least interrupted by a lack of knowledge about new technologies, by inertia, personal attitudes and organizational structures, and countless other factors. Given the caveats that adequacy does not assure implementation, it requires attention nevertheless.

The definition of adequacy varies from author to author,[23] particularly in its dependence on the user's perceptions. The broadest and most comprehensive definition of adequacy is concerned with whether the technology achieves the desired results. Rothman focuses on the relevance to practitioners of the proposed technology, stating that they will use a personal "truth test" (is the technology well founded?), a utility test (can it be implemented?), and an effectiveness test (will it solve the problem?). In addition, he proposes that "packaging," or the form of presentation, is important. The technology should be presented in a manner that describes alternative methods of implementation and

offers tips for use, especially for problem solving, and it shoulc available in a concise, attractive, and readable form.

Applying Rothman's first criterion to single-case evaluation, finds a considerable amount of disagreement about its value am practitioners. The very basis of the technology is questioned by sc practitioners who would argue that important aspects of treatm are not measurable.[24] Yet many practitioners are interested in utili research methods in their practice; for them, Rothman's other crit become relevant.

With regard to utility, many practitioners have found single-c evaluation difficult to implement without organizational or informatic supports.[25] Although textbooks and journal articles are helpful, th seems to be a significant need for specific information on apply single-case evaluation to clinical practice. As with other technolog such as computing, easy and comfortable use of single-case evalua depends on extensive experience with technical issues, for exam selecting and administering rating scales for monitoring clients, decic on a design and an appropriate baseline, interpreting data, and limi generalizations. Such experience and knowledge is difficult for p titioners to accumulate without support.

Effectiveness is an unresolved issue in the implementation of technology, in the sense that it is undocumented by research. Propon argue that applying single-case evaluation in clinical practice will incr practitioners' effectiveness,[26] but this claim has not been empiric demonstrated. Studies that provide support for the effectivenes single-case evaluation would be a boost for the technology and wc increase the likelihood of implementation.

Rothman's last issue is also problematic for single-case evaluati Is it really user ready? Can a naive user, exposed to training mater about single-case evaluation, be expected to use it with a reason degree of competence? There are no procedural manuals or handbo videotapes or other audiovisual materials—only textbooks, course syll and journal articles, which are generally not sufficient to learn a practice method. Some efforts have been made to include single-c evaluation in students' practicum experiences. However, variati needed in practice with different types of clients or service setti (e.g., obsessive-compulsives vs. depressives, hospital outpatient chiatric clinic vs. family treatment center) have not been specif Social work students have noted difficulties in using single-case evalua methods when their clients' situations are complex and unpredict and when their intervention targets are the clients' larger environmen Efforts have been made to apply single-case evaluation to nonbehavi approaches,[28] but thorough proceduralization of this method for th approaches is far from complete. In terms of packaging a technol

for successful implementation, work remains to be done on single-case evaluation.

Costs and Benefits

The literature on implementation, utilization, and diffusion strongly links the user's costs and benefits to successful implementation. The costs and benefits at issue are those of individual users of the innovation, not the agency or organization. The adoption and continued use of a technology depends on whether the positive consequences of using it outweigh the costs. The perceived relevance of the technology to the user's tasks is a critical contributor to benefits. A technology's relevance is increased if the design process includes user input or extended observation of users.

With single-case evaluation, perceived benefits vary among practitioners according to their experience, education, practice philosophies, and organizational constraints and pressures. Benefits either reduce an aversive aspect of the job or introduce a positive aspect. Single-case evaluation provides a new and more precise way of measuring client progress; this can be rewarding for practitioners because it offers them positive feedback and a way to document their effectiveness. It gives the practitioner, rather than an administrator or evaluator, control over the evaluation of her or his work. In addition, it may reduce pressure on the practitioner to support her effectiveness or to demonstrate accountability.

In analyzing costs, one must distinguish between real and perceived costs. Weinbach[29] suggests that most perceived costs result from the belief or assumption that the proposed change may depreciate the user's value because it threatens to undermine his or her competency in a specific area. He suggests that the most resistant practitioners will be those who are most experienced and competent because the innovation may require changing skills that have been successful and rewarding. Munson and Pelz[30] make a similar point when they suggest that, if a change requires an individual to alter an activity she does well, that person will resist the change. At the same time, Eisenberg's review of decision making by doctors[31] points out that persuading the most experienced and competent practitioners to try a new technology is a highly effective method of implementation within this group of professionals. This suggests that, to inhibit what we might call the Weinbach effect, the most experienced and competent practitioners in an organization should be persuaded first of the benefits of single-case evaluation.

Another cost related to perceptions is concerns about accountability. Practitioners often resist accountability efforts on the grounds that

their work is not accurately reflected in the data gathered by admii istrators and evaluators. Single-case evaluation is perceived by sorr practitioners as another evaluation tool on which they will be judge by others. Ironically, accountability is one of the primary reasons fc practitioners (and agencies) to adopt single-case evaluation.[32] Howeve the use—or concerns about the use—of an accountability technolog to judge or compare practitioners will affect implementation neg ıtivel To use single-case evaluation in this way will cause biases and misus of the technology and will definitely impede fulfillment of its intende purposes. Successful agencywide implementation of single-case eva uation must include the administration's commitment to avoid usin this technology in personnel decisions as a method of judging c comparing practitioners.

In contrast to perceived costs, a real cost that must be considere is the amount of effort required to learn the technology. One aspe of that cost that is relevant to single-case evaluation is discussed b Munson and Pelz.[33] They suggest that a technology whose content shifting or is complex is more difficult to learn, and therefore t implement, because tasks keep changing, and the changes fuel pe ceptions that this is not a valid or fully developed technology. Althoug the basic methods of single-case evaluation have not changed, the lac of specificity and the arguments over its merits create a climate c perceptions like that referred to by Munson and Pelz. Moreove guidelines for the use of single-case evaluation are changing as th technology is tested in the field. For example, early discussion of i use promoted more rigorous designs that allowed experimental contr of the independent variable. Subsequently, the value of simple A designs was recognized,[34] along with the understanding that monitorin client change should be a practitioner's primary goal, and attributin client change to the intervention, a secondary goal.

Users

Unlike a technology or a process that can be altered, users are stati in the sense that they cannot be changed to fit the needs of impl mentation. They need to be studied and understood so that the tec nology and process accommodate their interests, needs, and attitude This section first presents the personal characteristics of users wh adopt new technologies. The issue of the fit between the user and th technology is then discussed.

Personal Characteristics

A potential user of a technology makes decisions about using it o the basis of a large number of factors, several of which we have touche

on previously—involvement in the design of an innovation, perceptions of its quality and preparedness, and the costs and benefits. Here personal variables will be considered.

User personal characteristics, such as age, cognitive style, and status, have been found to be important in predicting the likelihood that they will utilize an innovation. Research on diffusion suggests that innovators within organizations tend to be either opinion leaders, particularly if the innovation is not highly deviant, or marginal individuals, in cases where the innovation is initially unpopular.[35] High-status individuals are expected to be less interested in innovations that may threaten their status.[36] Attitudes toward change and toward the specific innovation are critical. Openness to change and attitudes toward all technology and toward the technology in question also play a large role in a user's adoption of a technology.

There are few reports of single-case evaluation being promoted by innovators within an organization. Indeed, reports of attempts to implement single-case evaluation in agencies are scarce,[37] making it difficult to evaluate how single-case evaluation interacts with personal characteristics in the implementation process. The implementation of this technology has not utilized what is known about the characteristics of potential innovators who might try a new technology. Furthermore, there is little research on how social work practitioners make their practice decisions, information vital to the effective implementation of any practice technology. This is a gap in social work knowledge that should be filled.

Fit

An important aspect of implementation is the fit between user characteristics and the characteristics of the technology. Utilization is simpler for the user who finds few incongruities between herself and the technology. User involvement in design and the relevance of the technology to the user are underscored again as important variables, as they assure greater fit between user and technology. Fit is also increased when the user benefits from the technology. A closer match between the user's perception of the characteristics and benefits of the technology and her own characteristics and theoretical approach suggests a greater likelihood of implementation.

Another aspect of the fit between user and technology is that it focuses attention on the congruity of goals and philosophies. This is particularly an issue with single-case evaluation. Many of the attacks on empirical clinical practice and single-case evaluation[38] have asserted that research (especially quantitative research) is antithetical to practice, particularly to therapies that focus on insight or unconscious motivations. For practitioners who agree with these authors, there is little congruity

between single-case evaluation and their mode of practice or theoretical perspective.

When research methods that practitioners can use are disseminated, and when those methods are implemented, more accurate information will be available to further practice goals and improve research. One challenge in implementing single-case evaluation is to bridge the gap between research and practice by demonstrating its utility with a number of practice methods. As a broader range of practitioners implement single-case evaluation, the technology itself should become more useful with a variety of approaches. However, proponents of single-case evaluation must acknowledge that some practitioners will never appreciate single-case evaluation and that others may be slow to utilize it.

The Process of Implementation

This section addresses the process of implementation itself, apart from factors relevant to the technology and the users. The specific aspects of the process to be discussed are organizational supports, critical users, models of implementation, and the roles required of actors in the process.

Organizational Supports

Organizational supports for the adoption of a technology, as with effectiveness, may be described as a necessary, though not sufficient, requirement for successful implementation.[39] Professionals who wish to adopt a technology in an agency that does not support their effort are less likely to implement it, in large part because their costs are so much greater than those of a professional in an agency that supports that technology.

With single-case evaluation, several methods have been proposed that agencies can utilize to encourage its use.[40] For example, support services can be provided to reduce paperwork and otherwise release professionals' time. The agency's management information system can be expanded to serve practitioner evaluation efforts.[41] In addition, practitioners can be involved in the planning and implementation of agency innovations. Finally, as mentioned earlier, practitioners who wish to use single-case evaluation need training and experience with technical aspects; agencies could provide in-service training and consulting expertise. Strategies such as these would reduce user costs and increase benefits. Few agencies assist practitioners in these areas, however, and this has limited the utilizatioin of single-case evaluation.[42]

Critical Users

Another important concept from the literature is that of critical users and the importance of personal contact.[43] Clearly, the adoption of a

technology by influential individuals within an agency promotes its adoption by others. Personal communication is effective in disseminating and implementing a technology, particularly among professionals. Practitioners are far more likely to try a new method if a colleague they respect recommends it. This suggests that implementation will occur as influential individuals utilize the technology, experience success with it, and communicate their experiences to others. As yet there is little evidence to suggest that this is occurring with single-case evaluation. In fact, practitioners are most likely to encounter students who are attempting to use single-case evaluation, and students tend to have limited influence on professionals.

Becker suggests that if the technology is considered too deviant by the group, influential individuals will not adopt it.[44] It is more likely to be adopted by marginal individuals whose utilization is much less likely to spread to others. In other words, if a new practice technology is quite different from current practice methods, its utilization by influential persons is less likely, and its widespread adoption, therefore, unlikely or at least slower. This suggests that, in order to encourage implementation, it is important to determine the group's perception of the technology prior to introducing it to influential group members. Such information would be useful in designing the presentation of the innovation to the group.

The above suggests that efforts to introduce single-case evaluation to an agency's staff should include preliminary studies of staff knowledge about and attitudes toward this practice technology. An agency whose staff is positively oriented toward the technology and toward research is more likely to adopt it. If influential staff are disposed to view single-case evaluation and research positively, then the chances of successful implementation are increased.

Models

Kotler's social marketing concept[45] provides one model for the implementation process. He proposes that concepts from business marketing be transferred to the human service arena to increase the implementation of social technologies and ideas. By utilizing market segmentation, consumer research, communication concepts, and incentives theory, the response of target groups can be maximized. Test marketing a social technology would allow developers to refine further the technology and the product, increasing the fit between the technology and the user. In many ways, the small-scale experimental introduction of a technology that is urged by many authors[46] is a form of test marketing.

However, in the case of single-case evaluation, very few of these concepts have been utilized. Recent efforts to implement it in a public welfare setting with students might be considered a case of test mar-

keting.[47] Interviews with the participants on the benefits and problems associated with implementing the technology suggested additional changes that might make the method useful to a wider variety of practice approaches. Unfortunately, this is one of the few reported efforts to implement single-case evaluation in an agency setting.

Rothman provides another model in Radnor's image of diffusion as a linkage process.[48] The functions of this process are to inform users of the results of the design and development process, to enable them to utilize those results, and to enable developers to produce technologies that fit user needs. In this view, diffusion is part of the entire design and development process, not an isolated process completely distinct from the creation of a new technology.

This comprehensive approach was not followed in the initial efforts to implement single-case evaluation. Although attempts were made through articles, books, and courses to inform future users and to enable them to use it, the majority of practitioners have not been exposed to it. Such changes as de-emphasizing more complex designs have been made in single-case evaluation, but the required tailoring to suit various practice approaches or fields of service has been slow to occur. The experience of practitioners who have attempted to use the technology has rarely been recorded and analyzed. Linkages between developers and users have been weak. Only after developers urged the adoption of the technology was it recognized that further refinements were needed. Perhaps the current debate in social work on single-case evaluation fulfills these important linkage functions.

In contrast to these two models of implementation are the few reported efforts to implement single-case evaluation at the agency level. An example is Mutschler's effort[49] to introduce single-case evaluation into a child and family agency. Six of the agency's 40 social workers were trained for 6 months in evaluation procedures, instruments, and techniques. They applied the technology to selected clients, and the agency's research branch tabulated the data. The practitioners used the information to facilitate treatment tasks such as assessment, planning, and intervening. It is not clear from the study whether these practitioners continued to use the technology after the training and evaluation period or what their perceptions of the costs and benefits of single-case evaluation were. The expense and time required for this study also raise questions about whether more efficient methods can be generated for implementing single-case evaluation at the agency level.

Roles

The roles required to introduce a technology to professionals include educator and persuader,[50] roles quite different from those needed to

design and develop innovations. The role of educator includes orientation (fostering positive attitudes) and training (inducing behavior changes). The developmental researcher involved in implementation must also employ persuasion—conveying encouragement, reinforcement, and optimism—as well as provide factual information. Besides being knowledgeable and credible, this person must be reasonably objective and aware of the pros and cons of the technology so that potential adopters are ready for any possible problems. Although influential individuals within the organization are particularly useful in implementation efforts, it seems more valuable for the initial introduction to be done by an outside person.[51]

Unfortunately, the roles required for the diffusion and implementation of innovations suffer from a negative image in academia and, to some extent, within social work. Rothman[52] makes this point when he quotes Tornatsky and Fairweather's phrase, "Willy Loman with a Ph.D.," in describing the role of the diffusion researcher. It is unfortunate that the necessary task of disseminating academic findings to nonacademics is perceived as undignified and unworthy by academics. For example, tenure criteria rarely include such professional activities as conducting in-service trainings or writing training manuals for practitioners. A great deal of social science research may never be utilized because the academic system grants no status, or even negative status, to efforts to disseminate academic findings to nonacademics. There is a distinct lack of incentive in academia to implement technologies or to study implementation.

The implication of this situation for the implementation of single-case evaluation is clear. It is reflected in the emphasis on articles, books, and courses on single-case evaluation, rather than on agency-based efforts, workshops, or training manuals. The primary impetus for single-case evaluation comes from academics, yet ironically the academic reward system keeps these proponents from influencing agencies or ongoing practitioners in a more direct and effective way.

Summary and Recommendations

To introduce a technology successfully, the following issues need to be considered. The design of the technology should involve users. The technology should be fully developed and adequate, resulting in a prepared product. Furthermore, the costs and benefits to the user should be clearly balanced toward greater benefit. Successful implementation also requires a knowledge of potential users and their characteristics, particularly their attitudes toward change and toward the technology, and an awareness of important influences on their practice. Also helpful is an acknowledgment of the degree of fit between users and the technology. The process of implementation itself must be

supported by the users' organization and must utilize influential professionals who do not perceive the technology as radically different or as threatening to their status and competency. Models of implementation suggest that implementation should be integrated with the design process and should employ social marketing concepts to optimize the technology's utility and fit. Finally, the roles required of the implementer must be filled capably and must be rewarding for that individual.

With regard to single-case evaluation, several suggestions can be drawn from this analysis that might increase its implementation by improving the technology, its fit with users, and the process used to implement it.

1. The technology itself needs more work, particularly to increase its relevance to some practice approaches, to apply it specifically to various practice settings, and to corroborate its effectiveness. From such efforts, handbooks, manuals, videotapes, and other materials could be developed to introduce and implement the technology within agencies.
2. Many users need more compelling reasons for using single-case evaluation. Research on the benefits of single-case evaluation could provide this support for utilization.
3. Increased organizational supports for users of single-case evaluation would increase the benefit-to-cost ratio for practitioners.
4. More experience using single-case evaluation with varying practice models is needed; subsequent alterations in the technology would make it more compatible with those models.
5. Developers need to identify and utilize, in their implementation efforts, the process by which practitioners adopt new practice methods.
6. More effort needs to be made to reach practitioners through workshops and training materials. Careful planning of implementation, including the content and delivery of information, increases the likelihood of its success. After developing training materials that present single-case evaluation, small experimental introductions in different settings can be used to refine materials and the method of introducing them. Through the evaluation of these efforts, future implementations can be more effective and efficient.

Speaking more generally, successful implementation requires incorporating implementation issues into the process of generating social innovations. We cannot assume that journal articles will assure the use of an innovation in practice settings. We cannot add implementation onto our innovations as an afterthought or fail to consider it at all. Most important, research on practice is intended to improve and affect practice. It cannot do so if researchers are the only audience for these efforts. Practitioners must be included in the design, refinement, and evaluation of new technologies if we expect those technologies to be implemented in practice.

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A Review of Parent Training Programs in Child Welfare

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High rates of reabuse and recidivism in reunifications, foster placements, and adoptions indicate a need for effective and specific parent-training programs for biological foster, and adoptive families. Biological parents currently receive the most effective behavioral training, while foster-parent training is more likely to emphasize the role of the foster parent in the child welfare system, with less emphasis on behaviora methods Adoptive parents receive the least comprehensive preparatory activities of these groups. Child welfare workers can learn more effective techniques from behavioral training programs with a parent-enhancement component that attend to the environmental stressors these parents endure.

Determining the placement that is in the best interests of the chil whether the child's birth home, an adoptive home, or long-term foste care, does not guarantee stability and success. Any parent-child re lationship has its strengths and weaknesses and will take work to maintai it. In families served by child welfare agencies, in which stability an permanence are not taken for granted, the issue of maintenance especially important.

Studies of abusive families have shown that child abuse often occu in the context of confrontations between the parent and child ove discipline issues.[1] The vast majority of child-abusive parents are ir effective and inconsistent in their use of discipline, and children wh

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are abused tend to present parents with more discipline problems than do children who are not abused.[2] Thus, families who have abused their children, as well as foster and adoptive families accepting children with a history of abuse, have a great need for training in parenting and discipline issues.

Training for biological, foster, and adoptive parents, when provided, usually attempts to help these parents manage the difficult behaviors of children in care and to support parental efforts at maintaining the placement in general. However, training programs differ in their focus, method, format, goals, and populations. A review of the training programs provided to birth, foster, and adoptive parents will illuminate the most effective models and how those models meet the varying needs and problems facing different types of parents. This review will show that behavioral programs, while demonstrating the most success and precision, are seldom used with child welfare clients, especially adoptive parents. While not the only solution to child welfare's woes, child welfare workers can use effective parent-training models for all types of parents, be they birth, foster, or adoptive parents, and will be rewarded by more stable and satisfying placements for both parents and children.

There are a variety of parent-training programs utilized by professionals in the child welfare system. These programs are presented in various formats, including didactic and interactional, group and individual, and use many different types of teaching materials, including lectures, readings, films, observation, and guided practice. These programs have varied goals, depending on the perceived and stated needs of clients. Most evaluations of these programs are based on small sample sizes, and results will be weighed accordingly.

Programs for Biological Parents

Biological parents outside of the child welfare system have a wide variety of programs available to them for learning to manage child behavior problems. The more developed programs usually take a behavioral approach and concentrate on training parents to reduce behaviors that perpetuate the child's noncompliance or acting-out behavior. These programs can be applied to abusive parents if issues of motivation and retention are addressed.

Biological parents preparing for reunification need many services, not the least of which are clear expectations and descriptions of the parenting behaviors necessary for successful reunification. Stein, Gambrill, and Wiltse found a significant association between signed contracts with biological parents and subsequent restoration of the child.[3] Despite parents' great need for ongoing support, once a child has been returned home or placed in an alternative home, supportive services are often

absent. Family maintenance services after reunification of biological parents and children are minimal.[4]

Behavior problems of the child are often cited by parents as a reason for abuse of the child.[5] Children in protective care do not all exhibit the same behaviors or suffer from the same problems. However, there are some general categories of problems for these children that are distressing to parents and can lead to abuse, replacement, or difficulties in the placement.

The vast majority of abusive parents are ineffective and inconsistent in their use of discipline, and children who are abused tend to present parents with more discipline problems than do children who are not abused.[6] A study of child-rearing patterns of depressed, normal, and abusive mothers found that abusive mothers had higher ratings of authoritarian control, anxiety induction, guilt induction, and inconsistency in discipline and lower ratings of rational guidance and enjoyment of their parenting role.[7] The abusive group of mothers had difficulty in positively encouraging their children, letting children make decisions, and showed a lack of trust in the child's behavior in the absence of authority.

Behavioral Treatments

Gambrill's review of behavioral treatments of child abuse and neglect cites the following characteristics of behavioral programs: a focus on the involvement of the child's caretakers, individual tailoring of programs based on assessment, identification of measurable indicators of progress, the aim of helping clients learn new skills, selection of methods based on empirical literature, building on available competencies, use of model presentation and rehearsal, use of criteria-based sequential formats for developing skills, and planning for generalization and maintenance.[8] However, individual programs may often lack one or several of these components, and evaluations of the programs also may lack important elements of a clear research design.

One well-evaluated model is that developed by Patterson and associates at the Oregon Social Learning Center.[9] This program is aimed at antisocial and aggressive children and their families. Although this is not a program directed at abusive parents, many elements may have some relevance for that situation. Children served range in age from 3 to 15, although most of the program evaluations have involved children in the 5–12 age range. The therapists at the Oregon Social Learning Center have trained and observed families and used the observational data to formulate a theory of coercive family process. This theory is specific to aggressive children and their families, describing behavior in the family setting.

The training program at the Oregon Social Learning Center is aimed at children referred for stealing, fire setting, chronic delinquency, conduct problems, and child abuse. The focus of treatment is to "reprogram the social environment in which the child lives."[11] Three major components of the training program include teaching family-management skills to parents, coping with client resistance to change, and supporting high levels of therapist performance.[12] Client resistance is characteristic of most of the families that have been referred to the Oregon Social Learning Center and must be overcome for treatment to be effective.

Treatment consists of weekly family therapy sessions at the Oregon Social Learning Center and is not time limited. Therapists also maintain telephone contact with parents during the early weeks of treatment. Baseline, intervention phase, and follow-up observations using the Family Interaction Coding System and other measurements including the Parent Daily Report are made to assess change. Treatment lasts an average of 4 months.[13]

Training begins with asking the parents to formulate what they want to gain from the training. This helps to enlist the parents as part of a working relationship. The core phase of treatment focuses on training parents in three specific skill areas: pinpointing and tracking behavior, attention to positive behavior, and punishment of inappropriate behavior.[14] In teaching these skills, other peripheral concerns such as marital problem solving are addressed in terms of their contribution to family management.

One evaluation of this training program compared an experimental group trained at the Oregon Social Learning Center ($N = 10$) and a group utilizing various eclectic treatments in the community ($N = 9$).[15] Average treatment time for the experimental group was over 17 hours, while the average for controls was around 12 1-hour sessions. The comparison group showed a 17 percent reduction in total aversive behavior rate from baseline, while the social learning model training group showed a 63 percent reduction. The authors believe it is crucial to training effects not to limit training to 8–10 sessions and to address other family problems, such as client resistance, marital conflict, and familial crises.

Forehand's treatment model.—Forehand and associates have developed a program of techniques for training parents to manage noncompliant children.[16] They conduct training in a psychology clinic with self-referred clients. The children served have ranged in age from 3 to 8, and the majority of families have been of lower middle-class socioeconomic status.[17]

Treatment is conducted with individual families in clinic playrooms and uses one-way mirrors and an earphone. Skills are taught to the

parent by didactic instruction, modeling, and role-playing, as well as instruction during mother-child interaction using earphones. Homework is also assigned, consisting of daily practice sessions with the child at home. Parents receive handouts for each new skill and also fill out home data sheets to record practice sessions and use of time-out.

Treatment is usually divided into two stages. In the first stage, the parents learn to increase the frequency and quality of social rewards and reduce competing verbal behavior. The second stage involves teaching parents to give clear, concise commands and reward compliance or use time-out for noncompliance.[18] Training is not time limited, and movement through the training sequence is based on improvement achieved.

In one evaluation of Forehand's training program, four in-home observation sessions were used to assess mother-child interaction at pre- and posttreatment for 36 mother-child pairs, as well as follow-up for 18 of these pairs.[19] To qualify for inclusion in the study, the child scored less than 50 percent compliance in a 5-minute parent-child interaction at assessment. This evaluation found improvements in mother and child behavior for all mother-child pairs and maintenance of behavioral changes at follow-up for the 18 pairs participating in this phase. No differences between those in the follow-up group and those not in this group existed at posttest.

Parent enhancement component.—A recent modification to Forehand's model involves the addition of a "parent-enhancement" component.[20] Griest and Forehand have found that child behavior problems are associated with parent adjustment problems, marital problems, and extrafamilial problems, and these problems often interfere with the maintenance of parent-training effects.[21] In examining the literature for effects of parent training on these associated conditions, the author found some evidence that parent training (of different varieties) ha an effect on parental adjustment, less evidence that it affects marita problems, and no support for generalization to extrafamilial relatior ships. They have thus added a parent-enhancement component t their program, which specifically addresses these elements of the fami environment.

The parent-enhancement component, like the main program, consis of didactic instruction, modeling, role-playing, and homework ar focuses on perceptions and expectations of parents about the chil behavior, parent mood and psychological adjustment, spouse-partn communication, and problem-solving and parent interactions outsi the family.[22] Enhanced training is conducted concurrently with t main training.

In an experimental study comparing treatment groups trained Forehand's program alone (N = 8), Forehand's program with t parent-enhancement component (N = 9), and a control group (N

15), the mean number of treatment sessions was nine.[23] The two treatment groups improved from pretest to posttest for all behaviors except for child deviant behavior; on this measure only the enhanced group improved. An analysis of variance showed that group increases were significantly better for the enhanced group. With regard to 2-month follow-up effects, the enhanced group again had better maintenance of effects. The control group showed no changes in behavior, indicating that other factors, such as maturity or testing, were not responsible for the treatment groups' improvements.

Other recent evaluations have assessed the generalizability of effects of this program.[24] Studies have indicated that progress made in the clinical setting does generalize to the home setting but not to the school setting. In addition, maintenance of effects has been shown to exist at 4.5 years after treatment.[25]

Summary of behavioral treatments.—These two models have been extensively developed and tested, and their evaluations point out important considerations for any evaluation of a parent-training program. One methodological component that these models share is the use of multiple measures of change. Patterson and Forehand use both observational and attitudinal measures of change. Measures are taken of parent and child behaviors, as well as parental attitudes toward the child and treatment. Control groups are used for comparison in order to rule out nontreatment sources of change. These controls are important since studies have found that parents in treatment are likely to report an improvement in child behavior on a written or verbal assessment, regardless of observations of behavior. Walter and Gilmore compared families receiving Oregon Social Learning Center training to families receiving the same format of therapy without a programmed text or therapist.[26] While the treatment group had an observed 61 percent decrease in targeted deviant behavior, the placebo group had an observed 37 percent increase. However, the placebo parents said that their children had improved overall. This discrepancy demonstrates that assessment of change should be more concrete than general parental perceptions of change.

Didactic Methods

The University of California, Los Angeles, Parents as Teacher program consists of 10 2-hour group sessions focused on techniques for teaching self-help skills, like information seeking, and management of behavior problems to parents.[27] In an initial evaluation, there was no observation of parental behavior.[28] Instruction was verbal and only paper and pencil questionnaires were used to assess the degree of parental proficiency with the material as well as the degree of follow-through in the classes.

Parents who said they got more out of this training were married and were of higher socioeconomic status and education. They also had greater prior skill and experience and expected fewer probems in teaching their children. The caveat of Patterson and Forehand applies here in that these parents may have been inclined to report higher proficiency, whereas in-home observation would have demonstrated their actual proficiency.

Comparative Studies

In a comparison study, researchers compared 10 mothers receiving individual training and 12 mothers receiving group didactic training as well as a control group of seven.[29] Group-trained mothers met with group leaders in five 90-minute weekly sessions and received reading material. Individually trained mothers and their children met with therapists in their homes for five 20-minute sessions. Observation and behavior checklists were used to compare change in behavior. Mothers in the individual training changed significantly in the expected direction on all behavior (direct command, indirect command, descriptive question, descriptive statement, labeled praise, total praise and critical statement). In contrast, group-trained mothers showed no significant change in any behavior category. In fact, at posttest, the group mothers were not significantly different from the control group on behavioral measures. At posttest, the number of children who exhibited inappropriate behavior decreased in the individual condition but either showed no change or increased in the group and control conditions. Clark and Baker, and Walter and Gilmore found a significant reduction in problem behaviors reported by mothers in each of the three conditions.[30] However, mothers in the individual treatment condition were significantly more satisfied with the treatment that the received.

Summary and Overview

In programs for biological parents, behavioral treatments seem to achieve more success than do didactic models. Patterson's and Forehand behavioral treatment models are well documented; many books and articles are available describing the steps of treatment. These models have been extensively evaluated as to their effectiveness as well as the populations to which they should be applied. The didactic models however, are not well described in the literature and not rigorous evaluated. The evaluations of these methods often do not include control group or even a comparison group.

The question remains concerning the applicability of non-time-limited treatment to families receiving reunification services. For example once a child is returned home in California, the family seldom receiv

vices for more than a few months.[31] Patterson's emphasis on the portance of open-ended treatment to successful treatment is ex-/agant, given the current procedures for service to reunified families. re research comparing the efficacy of non-time-limited and time-ited programs that are otherwise comparable will illuminate the portance of this temporal component.

Clients who drop out are an important problem in any kind of ning or therapy. In a review of parent-training programs published eight behavioral journals from 1972 through 1982, Forehand and ociates found an overall drop-out rate of 28 percent.[32] This rate npares favorably with those reported elsewhere for group adult chotherapy (33%–50%), inpatient psychiatric treatment (32%–79%), l alcoholism treatment (52%–75%).[33] However, this rate of 28 percent erived from a relatively small group of studies since many studies not report a drop-out rate.

Drop-out is often a difficulty in behavioral studies given the high ponse demands of the methods. Some preliminary data indicate t parent-training drop-outs are most likely to be depressed parents hose from lower socioeconomic levels, which would apply to many ents involved in reunification services. Other studies of parent-ning outcomes have found that drop-outs are more likely to be gle parents, and those who score lower in initial behavior modification owledge.[34] In a study of Oregon Social Learning Center treatment child-abusive parents, Reid and Kavanagh reported a refusal rate 45 percent, with these parents opting for a less intrusive form of ndatory treatment.[35] These problems limit the utility of behavioral ning for parents in child welfare and must be addressed when nning training for such parents. Such training would need to include vant incentives for parents' compliance, such as rewarding a mother her keeping a daily log of problem behavior by providing her with pite care once a week.

ograms for Foster Parents

ter parents usually receive training of a different nature than that biological parents, in that foster-parent training is usually done in paration for placement of a child, rather than as ongoing support problems arising during the placement. Most foster-parent training idactic and informs the foster parent about what to expect during upcoming placement and how the agency can help.

Role of the Foster Parent

important issue in foster-parent training concerns the role of the er parent. Foster parents and agencies alike are grappling with dual responsibilities of the foster parent: the parenting role and

roved, the problem behaviors of the child decreased, and the re- ınship between the parents and the agency improved. Again, eval- on based on parental attitudes instead of actual behavior is likely ıisrepresent the effects of treatment.

ımmary of didactic methods.—These didactic approaches flourished ıe 1960s and early 1970s and usually included group discussion rustrations with and feelings about foster care. Many agencies ın to use the group approach to emphasize a joint partnership ʼeen the parents and the agency. These groups were the beginning idactic discussions, not only between foster parents, but also between ɜr parents and agency representatives, resulting in foster-parent :ation programs that were better aimed at the problems foster ·nts were most concerned about: role ambiguity for foster parents, ıing for behavioral problems of foster children (discipline, com- ıication, specific interventions for bed-wetting, stealing, negativism, so forth), understanding effects of prior history on the child's ent behavior, and ability to get help when parents need it.[47] The ıing groups that then evolved to meet these needs were usually ıvioral in focus in order to better prepare parents to deal with the ıvior problems of the child.

ıvioral Treatments

ɜr parent programs with a behavioral emphasis differ from didactic ıps in their mode of education and training. These groups use ·playing, videotapes of interaction between parent and child, and ıvioral rehearsal of effective behavior to increase the parent's skills ealing with difficult behavior of the child. These programs have ɜased in the past 10 years and are a fairly common element of ·r-parent in-service training. They are much more likely than didactic ;rams to have an evaluation element in addition to the training, allowing examination of their effectiveness.

ınn describes a model program for training foster parents in be- ɔral techniques.[48] His program involves weekly groups: four lecture ons followed by seven discussion sessions (including instruction, eling, discussion, and problem solving). In a study of gains made ›ster families in this program, there were overall gains in improved ıviors by both the natural and foster children of foster parents, foster children making higher gains. Foster parents with no natural ren made greater and faster gains than those with natural children. re were no significant differences between foster parents that at- ed as couples and those that attended as singles.

›yd and Remy conducted a well-known study of foster-parent ing, a behaviorally orien■d 16-week program with additional in- e visits.[49] However, training was not described in detail. They d that training was effective independent of foster-parent expe-

rience, environmental stress, and the child's characteristics. Training was most effective, though, when given prior to placements with inexperienced foster parents in high-stress situations with high-risk children. Training reduced the incidence of disrupted placements and reduced the probability of foster parents dropping their licenses. One interesting finding concerned the differentiation of trained and untrained parents: the history of training was usually not considered in choosing a foster home for a high-risk child. Several programs improve on didactic training by combining it with behavioral skills training elements.

In a South Carolina program, didactic methods were combined with more interactive methods to teach foster parents.[50] Caseworkers and foster parents were trained using lectures, paper and pencil exercises, small group discussion, as well as family sculpture, guided fantasy, and role-playing to insure the involvement of less verbal participants. However, there was no evaluation of the effectiveness of the program and its components.

The Nova University program uses experiential exercises and simulations in a group format to recruit and train foster parents.[51] Through exercises of common stressful situations in foster care, prospective foster parents are able to rehearse responses to typical interactions, and foster parent recruiters are able to preview the foster parent's ability to respond appropriately. Groups of foster parents are trained across seven 3-hour sessions. This program has been evaluated, and, compared to a control group, the trained group had higher rates of foster care licensing, a higher number of accepted placements, and the length of the average foster placement was longer (341 days vs. 255 days), even though the children placed with trained parents had been in foster care significantly longer, a risk factor.[52] Replacement of the foster child was significantly less likely among the trained group, and those children that were removed were significantly less likely to be removed because of the parents' inability to control the child.

A skills training program in Pennsylvania is aimed at meeting the foster parent's need for communication and parenting skills.[53] This program focuses on the special responsibilities of foster parents, thus acknowledging foster parents as having a special place in the agency. Workers feel that the training improves relations between the agency and foster parents. The training program consists of 10 weeks of 2-hour weekly meetings. Half of the meetings are group discussion, while half involve skills training, using films and role-playing. The two group leaders are a staff person and a foster parent. In an evaluation of the program, trained parents increased significantly in accepting attitudes toward children and desirable responses to children, as measured by a Sensitivity to Children questionnaire.[54] Trained parents also significantly decreased in undesirable responses. Attendance averaged 8.4 sessions out of 10.

A program for foster mothers in Boston consists of 10 3-hour weekly sessions, with half of the sessions concerning communication skills and half, parenting skills.[55] The trainers assess change by critiques of videotaped interaction between the foster parent and his or her foster child, and questionnaires. However, in using the program with nine lower-income black foster mothers, no significant changes in either behavior or attitudes were found. The researchers attribute this lack of change to too many other life stresses interfering with progress in the program. Perhaps an "enhancement component" such as those found in the biological parent-training programs by Patterson and Forehand would include other environmental factors in treatment and improve behavior gains.

Summary of behavioral treatments.—Behavioral treatments are found much less frequently than didactic group meetings in foster-parent training. Behavioral methods, while relatively infrequent, are generally found to have beneficial results. Foster parents improve in their ability to manage their foster children's behavior, and those foster parents with less parenting experience, either with their own children or other foster children, show the greatest gains from treatment. However, in most of the studies mentioned, the elements of the program were so inadequately described and so loosely evaluated that it is difficult for the reader to extract and compile the most worthwhile program components for use in his or her own practice.

Comparative Studies

Few studies have compared the effectiveness of various approaches to foster-parent training. In fact, one of the common features for many of these foster-parent training programs is the lack of an evaluative element. Without evaluation, it is unclear which treatments are more effective and with which populations.

In an evaluation comparing behavioral and didactic methods, Hampson and Tavormina randomly assigned 42 foster mothers to either a behavioral training group, a reflective (didactic) training group, or a waiting list (control) group.[56] Mothers were tested through both questionnaires and observation in their homes the week prior to training as well as 1 week after the 8 weeks of training. Mothers trained in the didactic groups improved in parental attitudes, while behavioral group mothers improved in a decreased number of child problem behaviors and more appropriate behavioral interaction with their foster children. Controls remained unchanged. The behavioral group rated their overall improvement and the direct treatment effectiveness significantly higher than did the didactic group mothers. However, average attendance was only 5.6 sessions out of eight.

Another comparative study tested individual and group training for foster parents.[57] A group of foster parents (nine families) were trained

individually in home with their foster children while another group (nine families) were trained within the agency in a group. There was no control group. Training consisted of 11 weekly sessions. All families were trained using both didactic and behavioral methods. The trainer of the in-home group observed parent-child interaction of each family within the home setting and suggested recommendations to the parents. The group-trained families used role-playing and modeling to address specific child problems unique to the foster child of the family. While children did not attend the groups, in the final session for the group-trained parents, each parent was required to interact with an unfamiliar child (of another foster parent) while videotaped, and feedback was provided by the other group members. In-home families received 11 hours of training, while in-agency families received an average of 13 hours of training.

Evaluation measures consisted of both attitudinal surveys and behavioral observations. Both in-home– and in-agency–trained parents improved significantly in parent attitude scores and in their knowledge and use of behavioral principles, reflected in decreases in foster child behavior problems. However, there was no significant difference between the two groups in gains in the percentage of appropriate antecedent-response-consequence behavior chains. In contrast, in-home trained parents were higher in their attendance, ratings of their child's behavior improvement, and satisfaction with family functioning, and they maintained effects at higher levels at a 6-month follow-up.

Summary

Programs for foster parents are quite varied in their goals and methods. Many are aimed at helping the foster parent to feel like part of a professional team. Others focus on teaching foster parents the necessary skills to manage the typical difficult behavior that foster children exhibit. Still others work with individual foster parents (and sometimes their foster children) to develop new behavior repertoires to replace the particular behavioral problems in the foster family. Given the dissimilar goals of foster parent programs, it is difficult to compare the success of programs or their particular components. However, behavioral programs have the most rigorous evaluations and report high success rates with foster parents. Those programs that are aimed at making foster parents view themselves as part of the professional team are also worthwhile, in that these programs help to retain foster parents in the system. In an era of dwindling foster homes, this goal is very important.

Programs for Adoptive Parents

Despite adoptive parents' often desperate need for support in difficult times in adoption, parent training in adoption is rare and, when it

occurs, is often not rigorously structured or practiced.[58] Parents preparing for the adoption of an older child are subjected to a lengthy assessment and preparation period, during which they learn about typical problems they will encounter with their adopted child. Sometimes they learn specific information about the child that will be placed with them, and sometimes they learn nothing.[59] Preparation varies from books and classes about special needs children to copies of the child's educational, medical, and case records. Compounding this lack of preparation, children placed for adoption when older are especially at risk of adoption disruption.[60] These children often display acting-out behaviors associated with a history of abuse and neglect as well as a long history in foster care.

In a recent study of older-child adoptions in California, researchers found that, of 91 adoptive families interviewed, a full 20 percent said that the agency did nothing to help them to learn more about adoption.[61] Only 48 families (53%) were told about the behavior of the child before the placement. A large proportion of families (44%) said that disciplining the child was very difficult. A full 74 percent of families felt they could have been better prepared by the agency, and about one-fourth (23%) of these families wished they had been taught parenting skills. From these findings, it is clear that parents need more information about and preparation for the child that is placed with them and that many would appreciate specific training in parenting skills.

In addition to preparation, the courts and social agencies have long recognized that postplacement services are important to the success of adoptive placements. For example, four postplacement visits between the adoption worker and the adoptive family are mandated by California law, but these visits are often superficial, where the worker is careful not to interfere and the family is afraid to mention any problems for fear of losing the child.[62]

After the adoption is finalized in court, supportive services often are unavailable from the agency. In the California study, researchers found that 63 percent of families said that the adoption agency did not keep in touch.[63] A few agencies believe that this void of services is unreasonable due to the ongoing nature of family adaptation and the potential of future identity issues for the adopted child.[64] These agencies postulate the creation and availability of postlegalization services for adoptive families.

Didactic Programs

Many agencies use a group-format program to screen parents at the same time that they provide information to those parents about special needs children and adoptions. In one such program, parents who have already adopted tell prospective parents of special needs children

about their experiences.[65] During the nine sessions of the program, parents discuss potential problems, learn communication skills, and clarify their values about family life and parenting. Some applicants drop out after concluding that special needs adoption is not for them. Most professionals note the importance of discovering this fact before the placement instead of after the child is in the home.

In a study of group sessions of parents and children who were recently placed for adoption, the following postplacement issues were raised: adjustment dynamics, symptomatic behavior, loyalty battles, testing of attachment, shift of family balance, parental adjustments, and stresses on the marital relationship.[66] Groups consisted of five adoptive couples and met for 11 sessions. The content of the group meetings was fully determined by the parents, and the discussion consisted mainly of shared experiences. Through shared experiences, parents could prepare for future possibilities by rehearsing behavior that had been successful for other parents. The researcher says that "knowing what problems to expect and dealing with them in a supportive atmosphere enabled the families to handle difficult situations successfully."[67] However, the nature of the difficult situations or how success was measured was not reported.

Even before the recent increase in the number of older children freed for adoption, professionals recognized that daily pressures in child welfare often prevented the necessary provision of adoption postplacement counseling and support.[68] In a study of the needs of 71 adoptive families receiving postadoption counseling, few parents complained of internalized problems of the child while most complained of acting-out or aggressive behavior.[69] The length of service ranged from less than a month to over 2 years. Counseling in this project was psychodynamic in nature but was not adequately described, due to the lack of data on the elements of therapy provided and the focus on parental needs instead of counseling efficacy. The researcher merely said that "encouraging modification of harsh expectations of the child" was the main focus of counseling with the parents.[70]

Summary of didactic treatments.—Agencies are increasing their use of groups to screen applicant couples for adoption as well as to prepare adoptive parents for adoption in general. Parents and researchers find that these groups are helpful in that parents can discuss together their fears and experiences and perhaps learn from others how to best handle difficult situations. Didactic groups can also be helpful in saving workers' time in helping parents fill out applications, presenting descriptions of children available for adoption, and presenting general information about the process of adoption. However, in helping parents with managing the difficult behavior of special needs children, didactic groups have not been rigorously conducted or evaluated.

Behavioral Treatments

To date, there have been no published reports of behavioral programs that are specifically designed to help adoptive parents with the behavior problems of their adopted children. Presumably, programs for foster parents can be tailored to fit the needs of adoptive families, but the extent to which this occurs is unknown. In the California study, 53 percent of the adoption workers responsible for the children in the study felt that the family could have been better prepared for the placement, and 7 percent mentioned parenting-skills training as something that would have better prepared the parents.[71] Remarkably, a full three-fourths of workers (76%) said that they told the adoptive parents about the child's usual behavior, but only about half (53%) of the adoptive parents said they received such information. Clearly, either the adoption workers were not adept at presenting the information, or the adoptive parents did not digest it. Either way, behavioral parenting-skills training for adoptive parents would help prevent this misunderstanding by helping parents and children to learn to interact effectively, especially concerning the particular problems of the child.

Summary

Clearly, programs for adoptive parents are the least developed. Discussion groups focus on speeding the application process and are primarily designed for efficiency of presentation for the adoption worker. Some groups discuss potential problems in adoption, but none focus on teaching parenting skills, and none serve as ongoing supportive sessions after the initial placement period. Since adoption is a lifelong commitment, these limits are troubling.

Conclusion

One of the most common complaints that biological, adoptive, and foster parents report is a lack of preparation and support from the agency.[72] The disruption rates for reunifications, adoptions, and foster care placements substantiate these complaints about problems in these placements and in the services families receive. Studies of child maltreatment have found reabuse rates in biological homes of 17 and 25 percent.[73] Rates of adoption disruption range from 5 to 20 percent, and rates of disruption in foster care are especially high, around 50 percent.[74]

Studies have found that services to reunified families often end prematurely, despite evidence that greater and longer provision of services does help to prevent abuse and replacement.[75] For example, a recent study by the state of California found that the majority of child welfare cases served in home in that state were closed in under

6 months.[76] Only 10 percent of the cases were open for more than a year.

Despite the demonstrated effectiveness of working with parents, especially biological parents, many of the services provided by child welfare professionals are directed toward the child.[77] The child in foster care and adoption is provided therapy and other services, while services for foster and adoptive parents tend to be limited to subsidies for the child's medical and psychological treatment. However, a crucial element for the success of family services is the involvement of the parent. Bronfenbrenner says, "The involvement of the child's family as an active participant is critical to the success of any intervention program."[78] Parents who get the most out of treatment are those who are included as part of the treatment team and maintain a "shared responsibility" for the progress of treatment.[79]

Skills training concerning the management of difficult behavior is a primary need of parents who have abused their own children as well as the people that provide a temporary or permanent home for the child of abuse or neglect. This review has shown that biological parents are the recipients of the best-tested methods. The behavioral models developed by Patterson and Forehand are well tested and specifically described in the literature and are easily used by the practitioner. Both models use multiple measures of change, use attitudinal and observational measures, and use control groups for comparison. These models have great success with difficult populations and offer great promise for more successful use with parents in protective services. Two drawbacks of Patterson's method are the length of open-ended treatment and the high drop-out or refusal rate. Patterson stresses the importance of open-ended treatment to success, and Reid and Kavanagh report a refusal rate of 45 percent with abusive parents.[80] These caveats are especially troubling with the nonvoluntary population and limited worker time found in child protective services.

Didactic methods with biological parents are not well evaluated, and in comparison studies with behavioral methods, the didactic methods were not as successful in changing behavior. Programs for foster and adoptive parents are mostly didactic, taking the form of discussion groups in preparation for placement. Those for foster parents serve the dual goals of emphasizing the role of the foster parent as part of the professional team as well as discussing fears, frustrations, and abilities. Those discussion groups that have been evaluated have garnered positive results, but these outcomes are often attitudinal in nature and do not adequately measure changes in behavior.

There are behavioral foster parent programs, and most of these have been successful. Foster parents improve in their ability to manage difficult foster children's behavior, and those foster parents with less parenting experience show the greatest gains from treatment. Training

has been shown to be important to the retention of foster parents in the child welfare system.

Programs for adoptive parents are exclusively didactic in nature and consist of more information than skills training. Like didactic groups for foster parents, these groups generally help adoptive parents feel better about themselves and the placement but have no demonstrated effect on behavior. They save agency time in presenting general information to adoptive applicants but have not been rigorously developed.

In reviewing these programs, several issues become apparent. First, except for the Patterson and Forehand models, programs are often inadequately described and evaluated. In many cases, only attitudinal measures are used, and the specific aspects of the program are so briefly described that the reader would have difficulty applying the program in his own practice. The behavioral programs have been shown to have greater success than the didactic programs, but, among programs for foster and adoptive parents, didactic programs are in the majority and continue to emerge while behavioral programs are noticeably absent. For behavioral programs to be utilized by child welfare workers, the appropriateness of the training for low-income and single-parent families must be addressed. Programs will need to include additional incentives for parent participation and sensitivity to the major environmental stressors these families suffer. Training will benefit from the "parent-enhancement" component that Patterson and Forehand describe, a component that helps parents to deal with secondary stressors that complicate and exacerbate the stresses of parenting.

If agencies are going to reduce replacement and disruption rates, social workers must use those methods with the best potential for helping parents to be effective and improving outcomes for children. Those services will be behavioral, will include a "parent-enhancement" component, will probably be less time limited than at present, and should be rigorously evaluated and clearly described in the literature, preventing other professionals from "reinventing the wheel." The result will be greater satisfaction and effectiveness for biological, foster, and adoptive parents and better outcomes for children.

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Private and Agency Practitioners: Some Data and Observations

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This study compares the demographics, education and training, perceptions of job performance, and job satisfaction among a sample of agency practitioners and a sample of private practitioners randomly selected from the 1985 National Association of Social Workers membership directory Private practitioners report a significantly higher income, greater congruence between their training and their current job, and greater job satisfaction. Among the primary reasons cited by private practitioners for entering private practice are professional challenge, financial rewards, and dissatisfaction with agency job We discuss the implications of these findings for the profession, the agency, and schools of social work.

The "business of psychotherapy," as Robert Barker notes, is increasing within the social work profession.[1] Social workers' interest in private practice is apparently in line with current economic and societal trends toward entrepreneurship. Reichert observes that the country seems to be experiencing the end product of a historical movement toward the ascendancy of market capitalism over the mitigating influence of an incompletely realized welfare state.[2] As Abramowitz points out, "Privatization, or placing public tasks in private hands, is one way the Reagan Administration is restructuring the welfare state."[3] Penetration

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of the market system into the human services is a relatively recent development, but the long-term result may be a fundamental shift and redefinition of social work practice.

The debate within the profession about the relative merits of private practice has raged for some time. In 1964, for example, Levenstein was concerned that social workers' identification with psychotherapy would lead to a separation from social work values.[4] This concern was based on Peek and Plotkin's 1951 finding that social workers in private practice tended not to identify themselves as social workers.[5] Similar results were recorded by Borenzweig in a more recent study, in which it was noted that social workers in private practice were more "apt to use non-social work titles with clients" but to use social work titles with friends and colleagues.[6] Wallace, who found similar results in a 1975 national survey of private practitioners, provides a different explanation: "In an attempt to communicate something about the skills and functions of social workers in private practice, workers often use titles more flexibly for purposes of communication than to represent one's professional background, education, and identity specifically."[7] In other words, the business of private practice in social work may not only be creating an identity crisis, but the competition for "clients" may also be creating professionals who, at best, distance themselves from the profession and, at worst, denigrate it. Barker, however, asserts that the public's view of the profession is an asset, and "people need to know more about what it is that the private social worker can do."[8]

The controversy over the private practice of social work is in some respects part of the larger debate over the fee-for-service system of health and mental health care in the United States. Proponents of the fee-for-service system usually argue that direct payment enhances the client-provider relationship, promotes commitment to treatment on the part of the client, and enables the provider to practice independently, free of the organizational and administrative constraints imposed by salary. Opponents counter that the fee-for-service approach creates a two-class system of care that leaves many unserved or badly underserved, results in fragmentation of services and creates barriers to service utilization, and actually interferes with the client-provider relationship. In addition, opponents argue that with fee-for-service reimbursement—whether by the client, a third party, or the government—costs rise more rapidly than with other payment mechanisms because the provider has a financial incentive to provide prolonged, unnecessary, or more expensive treatment.[9] Reichert observes that private practice, contracting, and marketing in social work are likely to result in an "ideological drift to a system mainly concerned with developing profitable services," paralleling the rapidly occurring corporatization of health care.[10]

Data from the 1983 National Association of Social Workers (NASW) Membership Survey showed that "employment in the public sector

declined, while employment in profit making enterprises, primarily private practice, grew from 3.3 percent in 1972 to 12.0 percent in 1983."[11] Value changes and societal trends aside, it is important to find out why social workers are choosing this method of practice. The present study was designed to address some of the central issues in this regard.

First, are there significant differences on such dimensions as age, gender, and income between workers in private practice and agency practice? Second, is there a difference between the groups on the relation of education and training to their current practice situation? Third, do private practitioners and agency practitioners differ in their perceptions about their performance on the job? Fourth, are workers in private practice more or less satisfied with their work situation compared to those in agency practice, and are they more or less likely to change jobs? And finally, what factors lead social workers to enter private practice, and, once they are in it, what do they like about it?

Design and Sample

Our primary sample of 1,159 social workers was randomly selected from the 1985 NASW membership directory, which included all current NASW members in the United States. We then selected a secondary random sample of 300 private practitioners, that is, social workers who identified themselves as private practitioners in the directory.

Both samples were mailed the same 10-page questionnaire with a response confirmation postcard and a stamped return envelope. We received 772 questionnaires from the primary sample, a 66.6 percent response rate. The secondary sample returned 164 questionnaires, a response rate of 54.7 percent. These response rates compare favorably with those of prior studies of social workers.

For purposes of these analyses, we included only those social workers in our primary sample who indicated that they do not have a private practice and are currently employed in an agency setting ($N = 480$). Thus, all workers who have a part-time private practice in addition to their agency practice have been excluded from this analytic sample. The remaining agency practitioners are then compared with the secondary sample of private practitioners. It should be observed that our results apply only to NASW members. Private practitioners and agency workers who do not belong to NASW may be a very different group.

Results

Demographic Characteristics

Demographic characteristics of the two samples are presented in table 1. As one would expect, those in private practice received their master

Table 1

DEMOGRAPHIC CHARACTERISTICS OF PRIVATE PRACTICE AND AGENCY PRACTICE

	Private Practice (N = 164)	Agency Practice (N = 480)	Statistics
Marital status:			
Married	114 (71.7)	315 (65.9)	χ^2 = 1.856
Not married	45 (28.3)	163 (34.1)	N.S.
Sex:			
Male	51 (33.1)	196 (42.1)	χ^2 = 3 863
Female	103 (66 9)	270 (57.9)	$p \leq .05$
Income ($):			
20,000 or less	10 (6.4)	14 (11 3)	
20,001–25,000	12 (7.6)	88 (18.4)	χ^2 = 98.790
25,001–35,000	33 (21.0)	216 (45 2)	
35,001–45,000	32 (20.4)	72 (15.1)	$p \leq$ 0001
Over 45,000	70 (44.6)	48 (10.0)	
Year of MSW			
Before 1960	45 (28 5)	101 (20.8)	
1961–70	72 (45.6)	172 (35 4)	χ^2 = 16.679
After 1971	41 (25.9)	213 (43.8)	$p \leq$ 0005
Ethnicity:			
White	157 (98 7)	427 (89.0)	χ^2 = 19 939
Minority	2 (1 3)	53 (11 0)	$p \leq .0001$

NOTE.—Percentages are shown in parentheses. N S = not significant.

of social work (MSW) degrees somewhat earlier than those in agency practice. Over 40 percent of those in agency practice received their MSW degrees after 1971, compared to less than 26 percent among those in private practice. These differences, however, are not reflected in the ages of the respondents. The mean age for the private practice sample is 49.7 years (SD = 9.26), compared to 48 years for the agency sample (SD = 10.28). Only two minority group members are in our private practice sample.

These demographic characteristics are similar to those reported by Wallace using data from the 1975 NASW Manpower Survey.[12] Wallace noted, for example, a larger proportion of females (56.0%) and a mean age of 46 years in his private practice sample. Cohen compared private and agency practitioners and reported that private practitioners were more experienced and held higher positions such as supervisors and administrators.[13] In the current study, however, 51.7 percent of the private practitioners indicated that they were in direct clinical practice before going into private practice, not in higher echelon positions. Our data, therefore, do not confirm Cohen's observations but are more similar to those reported by Wallace, who found 47 percent of his sample to be direct practitioners.[14]

When one considers income, there is indeed a tremendous difference between the two groups. Of those individuals in private practice, 65

percent have an annual income over $35,000, compared to 25.1 percent of those in agency practice. This difference is explained in part by the fact that the individuals in private practice have been in the field somewhat longer. In 1976, 13 percent of private practitioners earned over $50,000.[15] In the current sample, 44.6 percent earn more than $45,000. Part of this significant increase is due to inflation and other economic factors. When we examined the time in current position, we found that private practitioners had been in their present job for an average of 10.15 years (SD = 6.36), and the agency practitioners an average of 8.09 years (SD = 6.06). The typical workweek for the private practitioner is 36.43 hours (SD = 11.23), while the workweek is a bit longer, 41.08 hours (SD = 8.84), for the agency practitioner. The vast majority (95.4%) of the private practitioners are engaged in the delivery of direct clinical services. The remaining few private practitioners are engaged as clinical or management consultants. Thus, one could indeed argue that the income of private practitioners is largely based on the existence of clients rather than on consultative work. Within our sample, the majority of private practitioners (54.4%) charged between $51 and $75 per hour for their services, while 40.5 percent charged between $26 and $50. This can be roughly contrasted with the average fee of $28 reported by Wallace in 1976.[16] Clearly, a fee structure at this level directly affects who can afford the services.

From our cross-sectional data, it is difficult to determine whether private practice is increasing within the profession. When compared with data from previous studies, however, the picture becomes much clearer. According to Wallace, only 2.3 percent of the respondents identified themselves as private practitioners in the 1975 NASW Manpower Survey.[17] Kelley and Alexander report that a random sample of the 1978 NASW Register of Clinical Social Workers yielded 21.5 percent in full-time private practice, and 34 percent in part-time private practice.[18] In 1979, a simple random sample of the NASW membership revealed that 5.7 percent of the respondents were in full-time private practice, and 18.8 percent in part-time private practice.[19] In the current sample—that is, our primary sample based on the NASW membership—12.0 percent of the social workers are in full-time private practice and 22.3 percent in part-time private practice.

While such comparisons are tenuous, given the different sampling frames, they do suggest that the character of the profession may be in the process of changing. From 1975 to 1985, the number of social workers in full-time private practice has increased more than fivefold, and more than one-third of the current NASW membership is engaged in some form of private practice. With NASW having implemented the "Diplomate in Social Work" program, it is highly likely that this trend will not only continue, but will probably also increase.[20] The diplomate is awarded by a "clinical board" consisting of members from

the National Registry of Health Care Providers and NASW, and its purpose is to grant an advanced credential in clinical social work to "qualified social workers." One could argue that the diplomate is long overdue recognition of clinical skills. If it is, then agencies should duly recognize such accomplishments with appropriate rewards. But this is not likely to occur since most agencies do not have their reward structures tied to certification programs. If this is true, then the diplomate can be viewed simply as another vehicle to help private practitioners deal with the problem of lack of recognition and prestige in a competitive marketplace. The final step would be an NASW-sponsored clinical doctoral program. If this trend is considered in conjunction with the fee structure cited above, then the issue of whether "private practice per se would undermine social work's traditional mission of serving the poor" comes to the forefront.[21] As noted earlier, Reichert predicts that, as the profession is drawn increasingly into fee charging, contracting, and marketing, there may be a "collective drift in to a fundamental change in the nature of the social work profession," including a preoccupation with marketing at the expense of social work values and a decline in the collectivity needed to achieve social change.[22]

Perceptions of Practice

As part of the questionnaire, the respondents were asked a series of questions regarding their knowledge and mastery of practice methods, the perceived effectiveness of their practice, fulfillment of professional expectations, and the relative utility of training and prior experience. The response patterns for the agency and private practitioners are presented in table 2, with "one" indicating minimal and "five" indicating maximal levels of competence and utilization. Some important and critical findings are seen in table 2.

The notable differences are found at the extreme "high" end of the continuum since both agency and private practitioners in general tend to believe they are good at what they know. The responses to the question pertaining to fulfillment of expectations about professional practice (item G) raises some interesting questions. Whereas 55 percent of the private practitioners report a high level of congruence between their expectations and their activities, only 18.3 percent of the agency practitioners do so. This raises some concerns about the socialization of students to the nature of agency-based social work practice.

In response to the question, "How often are you given a chance to do the things you do best?" (item F), 66.5 percent of the private practitioners respond very positively compared to only 22.9 percent of the agency practitioners. To some extent, then, one could argue that the agency practitioners feel that their skills and expertise are being underutilized. Fabricant's analysis supports this contention.[23]

Table 2

PRIVATE PRACTITIONER AND AGENCY PRACTITIONER PERCEPTIONS OF JOB DIMENSIONS (%)

	1	2	3	4	5
A. Knowledge of practice methods in area of practice:					
Private	.6	.6	2.5	35.6	61.3
Agency	.2	1.5	7.9	39.5	50.9
B. Mastery of practice methods relevant to job:					
Private	.0	.6	3.8	33.1	62.5
Agency	.2	1 2	9.4	48.2	41.0
C. Effectiveness of professional practice:					
Private	.0	.6	3.8	44.4	51.3
Agency	.0	1.7	15 6	52.1	30.6
D. Opportunity to use skills and knowledge learned in school:					
Private	3 8	12.7	24.7	28.5	30.4
Agency	3.2	12.2	29.1	37.7	17.9
E. Opportunity to use skills from prior experience and training:					
Private	.0	4.4	6.3	37.3	51.9
Agency	2.1	4.0	13.3	45.1	35 4
F. Opportunity to do the things you do best:					
Private	.6	.6	1.9	30.4	66.5
Agency	3.8	7.8	23.5	42 0	22 9
G. Fulfillment of expectations about professional practice:					
Private	.0	3.1	8.8	33.1	55.0
Agency	2.1	9.0	29.0	41.7	18.3

NOTE.—"1" indicates the lowest value; "5" indicates the highest.

That is, loss of control over the workplace brought about by agency structures and demands and by related cost-containment measures may result in a less challenging work environment and "assembly-line service."[24] One could also speculate that what these social workers learned in school was not necessarily relevant to the demands of current agency practice. To some extent, this latter interpretation is supported by the data reported in response to the questions regarding skills and knowledge learned in school and by the utility of prior experience (items D and E). In other words, the educational experience may not have prepared the agency worker adequately to deal with difficult and varied client populations.

Discussion

While the differences between the two populations recorded here are not dramatic, they clearly favor the private practitioner. In other words,

these data would suggest that MSW programs appear to offer more to the practitioner who is bound for private practice than to the social worker who would prefer to work in an agency setting. In discussing recruitment problems, Getzel cites a study conducted in the New York City area, in which students were asked to rank their reasons for choosing social work as a profession.[25] Only 7 percent of the respondents ranked private practice as their first choice. One wonders whether the 45 percent of students who ranked service to others and social change in the Getzel study are being neglected by the very profession they chose.[26] To some extent, the response patterns in our study support this contention.

Overall, these findings are disturbing. If our interpretation of the data is correct, then schools of social work need to reexamine their curricula carefully in order to bring the social back to social work. Curricular offerings that help students in their "flight into private practice" are unlikely to lead to social reform.[27]

In addition, these data suggest a serious need for changes in agency structure and management. As Patti notes, the development of social welfare administration is a relatively new area of research.[28] Rapid dissemination of emerging models of administration that are specific to social agencies (such as service effectiveness management) is critical for addressing the structural and financial problems that contribute to worker dissatisfaction. For example, many of the elements of service-effectiveness management—infusing values and shaping the organization's character, providing feedback and incentives, structuring opportunities for staff participation in decision making, and developing and managing resources in a way that maximizes agency autonomy and influence—could do much to improve job satisfaction and service delivery.[29]

As a general indicator of overall satisfaction with their professional work, we asked the respondents the following question: "All in all, how satisfied would you say you are with your job?" This question has a four-point response format ranging from "not at all satisfied" to "very satisfied." The private practitioners in our sample report an amazingly high satisfaction level, with 80.8 percent indicating that they are "very satisfied." In contrast, only 39.6 percent of the agency practitioners report a similar rating, and, in fact, 18.3 percent of them indicate some degree of dissatisfaction—this compared with only 2.6 percent of those in private practice. This finding is further supported by the respondents' intent to change jobs. Of those in agency practice, 33.5 percent said that they will make a *genuine effort* to find a new job within the next year. This compares with only 9.7 percent among the private practitioners. Clearly, the quality of work life between the two sets of practitioners appears to be very different. From an outsiders' perspective, then, it makes good sense to go into private practice.

Reasons for Entering Private Practice

In a final set of questions, we asked the private practitioners why they went into private practice and what they like best about private practice. The results are presented in table 3. Over one-third of the sample (33.1%) indicated that their *primary* reason for entering private practice was "professional challenge." Financial opportunities (18.1%) and dissatisfaction with the agency job (17.5%) also appear to play a role in the decision process. The fact that only 3.8 percent of the sample selected the lack of opportunities for promotion as a reason for seeking private employment is interesting. It has been postulated by various authors that the lack of a career ladder for the clinically oriented social worker is a major source of dissatisfaction. While these findings do not nullify that possibility, they raise questions about the relative merit of this concern compared to such issues as challenge, financial rewards, and agency dissatisfaction. These findings are also of interest in light of data presented by Jayaratne and Chess, who found job challenge and financial rewards to be the best predictors of job satisfaction among a national sample of social workers.[30] In other words, the best predictors of job satisfaction among a representative sample of social workers reveal the reasons why practitioners decide to go into private practice. Yet Wallace reports that 61 percent of the private practitioners were reluctant to advise others to go into private practice.[31] Clearly, as Reichert predicted, marketplace values such as "turf protection" appear to be already in place, and "techniques" such as the "Diplomate in Social Work" would simply add more strata and potential barriers for newcomers.[32]

Table 3

PRIVATE PRACTITIONERS' VIEWS ON PRIVATE PRACTICE

	N (%)
Reasons for entering private practice:	
Financial rewards	29 (18.0)
Agency dissatisfaction	28 (17.5)
No promotions in agency	6 (3.8)
Work hours better	18 (11.3)
Professional challenge	53 (33.1)
Uncertain future	3 (1.9)
Other	23 (14.4)
Best liked about private practice:	
Financial rewards	27 (16.9)
Choice of clients	16 (10.0)
Work hours	32 (20.0)
Professional challenge	60 (37.5)
Other	25 (15.6)

Table 3 also presents data on what private practitioners like best about their practice situation. The largest proportion of these practitioners (37.5%) cite professional challenge. Flexible working hours (20%) and financial rewards (16.9%) are also reported fairly frequently by these respondents. In effect, there appears to be a high degree of congruence between the reasons for entering private practice and what these practitioners like about private practice. In fact, there appears to be greater congruence between the reasons for entering private practice and the reality of private practice than there is between the reasons for entering the profession and the reality of agency practice.

From the perspective of these data, one could make a convincing argument that there is much to be gained by going into private practice. But one must also remember that most of the gains are for the individual practitioner. Whether the historical goals of social work, with its emphasis on serving the poor and less fortunate, can be accomplished by this model of practice is questionable at best. And, indeed, Cloward and Epstein's concern about disengagement from the poor appears to be warranted.[33] Kamerman has pointed out that the private practitioner may be reimbursed by third parties, insurance companies, or agencies and that to portray the private practitioner as serving only those who can pay may be erroneous. What differs is the method of service delivery, with the source of payment remaining relatively intact.[34] However, there are currently approximately 39 million Americans who have no insurance—almost 20 percent of the population—and government programs are experiencing unprecedented cuts in funding.[35] Moreover, as we have noted earlier, fee-for-service escalates costs regardless of the source of payment, and, as Abramowitz observes, "privatization channels public dollars into private hands, strengthens the two-class welfare state, and reproduces the inequalities of the free market."[36]

Reichert contends that the social work profession has two options: to accept market principles and values, or to accommodate them minimally and temporarily while working toward social reform. If the first option is chosen, we will see an increasing emphasis on services that will sell to selected clients who can pay, aggressive competition with other disciplines and other social workers for "turf," and a favoring of fee-for-service or competitive prepayment systems. The second option is for social workers to accommodate to the market system only to the extent necessary while maintaining social reform as an ultimate goal. This would require accountability to underserved and populations at risk; evaluating the establishment of any new program in terms of its long-term contribution to social reform; support, whenever possible, of noncommercial auspices and financing; a commitment to research that assesses the unmet community needs and the adequacy of available services; advocacy and active involvement in consumer groups. Profes-

sional organizations, such as NASW, should be required to take a leadership role in lobbying for universal access to comprehensive health care and human services programs.[37] The implementation of a service effectiveness–oriented management approach, discussed earlier, could go far toward accomplishing these goals.[38]

The question arises whether it is not possible to pursue a third alternative, that of incorporating social work values into the private practice setting. For example, schools of social work could offer curricula that "direct" the nature and character of private practice, thereby gaining some degree of control over the values and ethics governing such a practice modality rather than leaving such control to an "invisible hand." Advocates of private practice have, indeed, recommended that social work schools promote "better self-monitoring of responsible private practice" by "establishing criteria for qualifications so that competency of those who choose private practice can be better assured."[39] This question, some may argue, is moot. The professional organizations in social work today are indeed a major driving force behind the privatization of social work. Therefore, professional ethics and values are an inherent part of the private practice arena. In fact, licensing, registration, and the existence of special categories within the profession (Academy of Certified Social Workers, diplomate), are all indicators of professional control over the conduct of practice. Those who disagree with this perspective, however, argue that these are merely "comforting assertions."[40]

Although such possibilities warrant further study, findings from recent research on the effects of cutbacks in federal and state health care funding for the poor and on corporatization of health care are not encouraging. Documented increases in private providers' refusal to treat uninsured patients even in emergency situations, and in the "dumping" of critically ill but indigent patients by private hospitals, indicate that professional ethics have not proven sufficiently strong to withstand market forces in the health arena.[41] This is not to imply that social workers in private practice will follow suit. But the time may come when such tough decisions must be made. The *NASW News*, reporting on a study of private case management conducted by a nonprofit research group called InterStudy, reported the following: "Many case managers favor voluntary professional oversight or accreditation as a way to at least maintain minimum standards. . . . But that could lead to the minimum standard becoming *the* standard, and overall quality diminishing as case managers seek to contain costs."[42]

The data reported here indicate that some soul-searching and hard decisions are ahead for the profession. It is time to reevaluate social work curricula with respect to values and professional goals, and it is time to reexamine agency structure and management with respect to a quality work environment—lest the pendulum swing too far.

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39. S. Matorin, B. Rosenberg, M. Levitt, and S. Rosenblum, "Private Practice in Social Work: Readiness and Opportunity," *Social Casework* 68 (1987): 31–37, esp. 31.
40. Reichert (n. 2 above).
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Note on Policy

Tenant Management in Low-Rent Public Housing

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Tenant management of public housing is a worthwhile endeavor and is useful in raising the morale of the participants. It has been successful in improving conditions in a handful of seriously deteriorated projects. Such successes have been accomplished by only a few dedicated tenants but have been magnified by grass-roots activists who view tenant management as a solution for public housing ills. This misplaced emphasis has drawn attention away from the need for substantial innovative programs with extensive financing and professional operation

The topic of tenant management in public housing has generate considerable interest in the United States. As William Raspberry, syndicated columnist, wrote recently, "Tenant management is the so of idea that appeals to both liberals and conservatives concerned abo helping the poor."[1] It appeals to many because they are beguiled b the democratic approach of grass-roots participation and the allurin possibility of finding a remedy for inadequate management.

Nevertheless, the basic question is how far citizen participation ca be taken as a substitute for professional operation, a subject of concer in school administration, welfare, and in several aspects of the healt field. A secondary question is to what extent citizen participation ma in fact, be an impediment to good professional management.

Tenant management most often comes about when a group o residents, spearheaded by one or two dynamic and highly motivate tenants, demand the right to manage a project, usually because it ha been heretofore grossly mismanaged and allowed to deteriorate. Fre quently, the residents work with some existing community organizatio like the Metropolitan Housing and Planning Council of Chicago o

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the National Council for Neighborhood Enterprise in Washington, D.C., and, together with the Department of Housing and Urban Development (HUD) and the local housing authority, they are allowed to manage the project with certain constraints. The leaders are generally elected by those local residents who care to participate.

Tenant management has a strong initial appeal to those of us who believe in grass-roots democracy and local self-determination. We should keep in mind, however, that tenant management is not the only method of tenant participation and that tenant unions—associations of tenants whose main function is to work on behalf of the tenants against management—and resident councils—social groupings of tenants associated together for the general betterment of the community—are, in fact, far more pervasive. The question is the degree and the areas of influence these tenant groups should exercise.

Any discussion of public housing must consider the fact that, today, public housing for low- and moderate-income families has a largely black clientele, with mostly undereducated young female family heads of households, subsidized by public assistance, with many children per family. It, therefore, becomes difficult to approach tenant management with the same expectations that one might approach a more balanced population in terms of self-government.[2]

But there are still tenant-management advocates who suggest that public housing, with all its problems of design, location, and operation, should nevertheless be turned over to tenant administrators. Such administrators can, it is averred, do no worse than the present ones.

Indeed, this is a seductive idea, particularly when we read of the attitudes and performance of the commissioners and staff of public housing. A study some years ago for the National Association of Housing Officials indicated that disillusionment was a fairly general attitude among commissioners, an attitude that has even become more widespread.[3] With attitudes like this prevalent among commissioners, it may be productive to examine what contribution tenant management can make to remedy these problems of management.

In 1978, HUD sponsored a study of tenant-management sites that concluded that residents managed their projects about as well as the previous public housing management.[4] In addition, tenant management has provided employment for some tenants and increased the overall satisfaction of the general resident population with substantial psychosocial benefits. Three indispensable elements to such success were strong tenant leadership, housing authority cooperation, and carefully administered technical assistance and training to the tenant personnel. Although tenant management proved to be more costly, those who operate such programs report glowing experiences.

In 1983, in a follow-up on the HUD study, Robert Kolodny concluded that success of tenant management depends on whether the object is to operate a project better or more efficiently than before or whether

the object is to help tenants in low-income projects become, despite greater cost, more independent and more socially aware and enjoy greater freedom.[5] In the U.S. cities where tenant management has been tried—Boston, Chicago, St. Louis, New Orleans, Louisville, Washington, D.C., and Jersey City—it may be noted that the program operates primarily in one or two projects in each city and has not proliferated.

Probably the primary claim for tenant management, and the one with the most merit, is that it gives many tenants a genuine feeling of doing for themselves. It is also asserted that tenant management provides more and better services and that tenants have more input into the way funds are spent, have greater involvement, and therefore have more pride and take better care of the properties. Most of all, tenant management means more jobs for tenants who replace existing staff.[6]

In terms of specifically improved conditions, it is claimed that rent arrearages decline, that maintenance and landscaping are improved, that vacancy losses are minimized, and that crime rates and incidence of public assistance, as well as unemployment, will all be reduced. Another claim—somewhat questionable—is that residents are provided with far more social services than before since on-site residents are given first priority for all social service positions, presumably on the basis that, while plumbing and electric work may demand prior experience and training, provision of social services in homes, schools, and day-care centers does not.[7]

In spite of the eloquent self-appraisals, the results at the seven or so developments lead one to conclude that, at best, such developments are slightly improved. As Robert Rigby, executive director of the Housing Authority of Jersey City and author of *Tenants as Resource*[8] suggests, the accomplishments in tenant management have occurred almost exclusively in projects where the conditions were so intolerable that the projects were on the verge of abandonment and demolition—in short, where there was nowhere to go but up. Certainly there have been notable changes. At J. Harry Moore, the 600-unit Jersey City project, rent arrearages declined from 20 percent to 3 percent. Vacancies dropped substantially. Unfilled maintenance requests dropped from 150 to 30. The tenants' board organized a summer food project as well as a new self-help laundry facility. But Rigby points out that these improvements were accompanied by a costly building-modernizing program, so that the tenants saw that the authority was not only giving the tenants a real voice in the operation of the project but was also making a sizable investment in the property.

Rigby adds that many problems still exist.[9] J. Harry Moore continues to have many multiproblem families, the courts are not being helpful in the eviction of even the most antisocial families, and applicants have not increased by any significant amount at J. Harry Moore. Nor is there a demand for more self-management in the other developments.

In fact, the same tenant management that made J. Harry Moore viable, though hardly ideal, had to be abandoned in Currie Woods, another Jersey City project, where there continued to be a serious drug problem, very little tenant interest, and no cadre of interested and highly motivated tenants. As a result, there was cronyism, poor rent collections, vacancy losses, bad housekeeping, high maintenance costs, and a general loss of project control to the point that the housing authority could not allow the tenant management to continue. Not all those who have experienced tenant management, however, are quite as forthright as Rigby.

The main accomplishment at Cochran Gardens in St. Louis, as well as at Kenilworth Gardens in Washington, D.C., is the substitution of tenants for outsiders as project employees as well as managers of small business enterprises and social programs serving the tenants. In part this means that welfare rolls are reduced by this number. Likewise, the Tenant Management Council at Cochran Gardens established rules and regulations in such areas as pets, disposal of trash, use of drugs, and curfew for children. According to Bertha Gilkey, manager of Cochran Gardens, the maintenance work at Cochran is superior to that of any of the other family estates operated by the St. Louis Housing Authority. Vandalism and drugs both have been reduced but tenants report a considerable amount of drug use and juvenile delinquency, and management reports a significant number of disruptive and undesirable tenants still remain. Perhaps most important, however, after tenant management had been instituted, 28.5 million dollars was granted by HUD for modernization, according to the HUD study. The biggest problem at Cochran Gardens, as well as Kenilworth, as found in the HUD study, is that developments with tenant management seem to be far more expensive to operate than ordinary public housing. Richard Baron, who with Bertha Gilkey wrote an article about Cochran, maintains that costs were not higher when the savings in welfare costs attributable to employing tenants on welfare is considered. Moreover, it is alleged that without the tenant-management program, Cochran Gardens might well have been demolished.[10] Michael Jones, executive director of the St. Louis Housing Authority, counters that no such comparisons can be responsibly made at a time when the total rehabilitation costs are unknown and when such a disproportionate amount has been spent on Cochran Gardens as to limit the amount that can be spent in the other St. Louis needy public housing projects.[11]

At Kenilworth Gardens, in Washington, D.C., Kimmie Gray, manager, has been cited specifically for increasing school and college attendance among young people in her development, bringing many people into the job market, creating workable small businesses like day-care centers, barber and beauty shops, food shops, and establishing an employment agency for public housing tenants.

Although Kimmie Gray and her supporters talk of using Kenilworth as a national model, Jo Fisher Hall, housing director of the National Capitol Housing Authority, indicated that, in fact, rent collections, vacancy rates, crime rates, and appearances were not appreciably better at Kenilworth than elsewhere.[12]

At Iroquois Homes, an 800-unit project in the Louisville, Kentucky, Housing Authority, Bonnie Downs, the tenant manager, claims considerable success in tenant management, which is borne out by achievements. Nevertheless, according to Diane Foster of the Louisville Housing Authority, the most serious problem at Iroquois is that employees who are also tenants spend too much time in their own apartments rather than on housing authority affairs; they show favoritism in providing services and new appliances and are in general too permissive with their friends in terms of admissions and evictions.[13] This type of shortcoming was emphasized by Doris Bunte, executive director of the Boston Housing Authority, who suggests placing tenant-employees in projects other than their own.[14]

Bromley Heath, a well-publicized tenant-management project in Boston, Massachusetts, was, prior to its metamorphosis, one of the most deteriorated and demoralized projects in that area. According to Mildred Hailey, Resident Management Corporation chairperson, following establishment of tenant management, tenant relations improved, tenant complaints were handled expeditiously, and project maintenance was greatly improved. Additionally, the tenant-management team developed a volunteer police patrol to ensure more protection for the residents and set up a health center, community center, a drug control center, and a day-care center. As at the other tenant-managed projects, they assume responsibility for spending the large amount of modernization funds. Equally important, they make good use of professionals in the community. Among the 12-member tenant board the board members have selected five members from outside the project, choosing people the board believes are most appropriate at particular times, such as architects, lawyers, accountants, and so forth.

In short, from Cochran Gardens to Bromley Heath, deteriorated projects on their way to abandonment have been resurrected to functioning levels, though perhaps not at levels sufficient to attract increased numbers of tenants. To outside observers these developments may still be far less than desirable, but for those residents who have lived through the earlier miseries and who have few alternatives, the changed conditions may be relatively satisfactory. It is indisputable that the projects where tenant management has been instituted are, in a number of cases, better than the desperate places they had been.

Whatever the success may be of tenant management, clearly there is no ground swell of demand by tenants in existing projects to become self-managed. This lack of interest in tenant management should come

as no surprise to students of tenant management. Several years ago, Dudley Savill, chairman of the London Federation of Tenant Unions, told me that what most tenants want is "better service and less bureaucracy; more input into decision making." They stop far short of tenant management. Margaret Wayre, a London housing estate resident and tenant union leader for 25 years, told me, "Basically tenant unions are very important in keeping the pressure on housing authorities. If no one seems to care, the Greater London Council [the London housing agency] simply goes its merry way without heeding tenant concerns." Dorothy Deming, another tenant leader, said, "Tenant associations bring about solutions and call attention to things that might otherwise go unattended. Most tenants want neither tenant management nor ownership."[15]

Doris Bunte pointed out in a speech on tenant management, given to a Metropolitan Housing Council conference, March 1987, in Chicago, that, first, the process of improving a housing authority begins with bringing all the units up to code compliance;[16] second, a massive infusion of federal, state, and local funds is required for any large urban housing authority today; third, the image of the authority should be improved in order to attract and keep good tenants; fourth, tenants or their representatives should participate in decision making. According to Bunte, two caveats must be added. The first is that the local housing authority must have the right and legal ability to evict those who do not behave responsibly. Second is that tenant organizers must work on behalf of tenants and the development rather than on their own behalf—a feature that is not easy to insure. As Bunte, who herself "graduated" from a tenant manager to a housing authority executive director, sees it, while the tenants must be given a "real say," even with tenant management they cannot be given the "final say."

In seeking reasons for the "successes" among the tenant-management programs, several factors stand out. Probably the single most important component of success is a powerful personality among the tenants to serve either as chairperson of the tenant-management board or as tenant manager. Any powerful and well-motivated person holding either of these positions can make positive changes, providing, of course, there is a cadre of tenants who support these changes and providing the authority is cooperative and sympathetic to these changes. There is no question that the women described in this article are the prototypes of such individuals.[17] Indeed, the greatest assets of the tenant-management programs are these forceful and competent tenants (most of whom are women) either as managers or tenant-management chairpersons.[18] Unfortunately, too few additional persons of this caliber and dedication are available to make this a widely used option today.

It may well be that a sensitive administrator plus an active tenant association can provide the same results as tenant management, as

suggested by the Boston, New York, Philadelphia, and London experiences. Most Boston housing developments, however, do have tenant associations, and because of the progressive nature of the Boston Housing Authority, their relationship with the tenant associations and the housing authority is salutary. Considerable negotiation takes place as to the use of modernization funds, and many tenants have input into these decisions—probably as many as these who participate in tenant management. Similarly, the Philadelphia, Washington, D.C., and New York City authorities all follow this process, giving the resident management boards an opportunity to review policies, inspect project conditions, and discuss personnel problems on a regular basis with significant influence on decisions.[19]

No discussion of tenant participation, whether through tenant associations or tenant management, can be complete without mentioning the problems of tenant involvement: the activities of legal aid associations in support of tenants' rights buttressed by the Fourteenth Amendment.[20] These problems were apparent recently when I participated in a Chicago Housing Authority task force to rehabilitate a 900-unit high rise on Chicago's South Side. The Chicago Housing Authority had chosen 15 individuals—eight tenant presidents and representatives from the six buildings plus several community people. The goal was to establish procedures for resident relocation during rehabilitation.[21] The process, which took 6 months to develop, was virtually stopped several times and is by no means finished today, largely because dissident tenants and their lawyers maintained that no tenant could be compelled to move out of the development during rehabilitation without his or her express consent and without due process of law. These objections to relocation and eviction, which have been supported by many U.S. courts, represent one of the significant factors that has made housing authority improvements so extremely difficult to achieve and are in large part responsible, by forcing housing authorities to retain disruptive tenants, for the current mix of tenants. Tenant management is by no means immune to these problems. Bertha Gilkey of St. Louis, for example, made some valiant attempts to improve the tenancy in her development but was impeded by her own board in the same way as the presidents of the building in the Chicago example were impeded. In fact, in a substantial number of tenant-managed projects that did not succeed, one of the major factors in the failure of tenant management was the unwillingness or inability of the tenant managers to take a firm hand in dealing with recalcitrant, uncooperative, or unmanageable tenants.[22]

While citizen participation in the decision-making process is vital in a program, the optimum nature and extent of such participation is difficult to determine. Chicago and New York are both good examples of such extremes. From 1937 to 1954, public housing tenants in Chicago

received eminently fair treatment because of the progressive nature of the city's housing authority.[23] Similarly, New York City has had most progressive leadership right down to the present time.

Successful housing authorities with no tenant management, the relative rarity of instances of successful tenant management, and the general lack of tenant interest in such programs suggest that the future for tenant management as a solution to management problems in public housing is open to question.[24] Nevertheless, in spite of the serious limitations to tenant management and its inability to solve the basic problems of public housing, the program appears to have value as a stimulus to citizen involvement and should, when successful, be encouraged. However, the clamor for tenant-management programs by citizen groups and by those who substitute enthusiasm for such management for more significant advances in public housing should not be allowed to displace the search for significant methods of improving and extending programs of publicly subsidized housing with professional management for low- and moderate-income families.

Notes

1 William Raspberry, "Studying Success," *Washington Post* (March 10, 1986), op ed page.

2. A letter to me from Daniel Burns, of the Toronto Planning Board, March 8, 1986, indicates their point of view. "While most public housing in the U S. is now almost exclusively occupied by the very poor, this is not always the case in other countries. For example, in Toronto, while the provincial government's housing stock has some similarities to the American situation, the city of Toronto housing portfolio is only about one third poor households renting on a rent geared to income basis. The remaining two thirds actually are low to moderate income families. With that kind of tenancy, there is far more potential for developing strong local leadership "

3. Chester Hartman, "Attitudes of Public Housing Commissioners toward Public Housing," *Journal of Housing* 29 (April 1972): 199.

4. U.S. Department of Housing and Urban Development (HUD), "National Tenant Management Demonstration," final report (Washington, D.C.: General Printing Office, May 1980), p. 7.

5 Robert Kolodny, "What Happens When Tenants Manage Their Own Housing?" a National Association of Housing & Redevelopment Offices (NAHRO) study prepared for submission to U S. Department of Housing and Urban Development, Office of Policy Research and Development and Research (August 1983, mimeographed by NAHRO, Washington, D.C.), p. 1.

6. Robert L. Woodson, testimony prepared for House Subcommittee on Housing and Community Development, March 25, 1986; also Robert L. Woodson, "A Report on Resident Management in Public Housing," National Center for Neighborhood Enterprise, submitted to the U.S. Department of Housing and Urban Development (October 1984).

7. Gwendolyn Clemons, "Tenant Management: The Challenge and Possibilities," Metropolitan Housing and Planning Council (May 1986), p. 14.

8. Robert Rigby, "The Residents as Resource," New Jersey Department of Community Affairs, Division of Housing (Trenton, N.J., Bureau of Neighborhood Preservation, January 1982), pp. 74–83.

9. Robert Rigby, "Estate Residents Focus on Revitalization of Distressed Public Housing," as panelist in Conference of International Federation of Housing and Town Planning (Newcastle upon Tyne, July 1981), pp 75–91.

10. Woodson, testimony, pp 37–44; and Richard Baron and Bertha Gilkey, "Cochran Gardens Tenant Management Offers Real Promise for Distressed Estates"; also in personal interview by author with, and speech by, Bertha Gilkey, Chicago, February 27, 1986, at conference of Metropolitan Housing Planning Committee, Chicago

11. Telephone communication with Michael Jones, executive director of St Louis Housing Authority (April 15, 1986).

12. Gil Klein, "For the Poor— Hope, Schooling and Independence," *Christian Science Monitor* (September 17, 1985), pp. 39–40, Woodson, "A Report on Resident Management in Public Housing," pp 20–28, field visit to the District of Columbia by the author, October 1986; and Neal Peirce, "Getting the Law off People's Backs," *Washington Post* (October 13, 1985).

13. Telephone interview with Diane Foster of the Louisville Housing Authority, April 1986.

14 Personal interviews with Mildred Hailey and Doris Bunte, in Boston, May 1986, also in Chicago, December 1986; also see Woodson, "A Report on Resident Management in Public Housing " See Woodson, nn. 5 and 10, pp. 28–37

15. J S Fuerst, "Surprise! Tenants Don't Want to Be Home Owners," *Planning* 41, no 11 (November 1975): 22–23; personal interview with Margaret Wayre and Dorothy Deming, August 1975, in London at their housing estates

16. Interviews with Bunte.

17 Interview with Jones.

18. David Moberg, "Should Tenants Run Public Housing?" *Neighborhood Works* 9, no 2 (Chicago· Center for Neighborhood Technology, March 1986) 1, 5, 6

19 Ronald L Brignac, "Public Housing Official Reacts to Citizen Participation," *Journal of Housing* 26 (November 1969) 64–65

20. J. S Fuerst and Roy Petty, "How Much Process Is Due?" *Public Interest*, no. 83 (Spring 1986)

21 J S. Fuerst and Roy Petty, "Public Housing and the Courts," *Urban Lawyer*, University of Missouri at Kansas City Law Review 9 (Summer 1977) 43–57

22. "Report of Chicago Housing Authority Task Force on Lakefront Sites" (Chicago. Chicago Housing Authority, October 1986, photocopied).

23. J. S. Fuerst, *Public Housing in Europe and America* (New York John Wiley & Sons, 1974), pp. 144 and 153–66

24 J. S Fuerst, "No Public Housing Panacea," *Chicago Tribune* (July 20, 1985), op ed. page

Brief Notices

Coping with Negative Life Events: Clinical and Social Psychological Per spectives. Edited by C. R. Snyder and Carol E. Ford. New York: Plenun Publishing Corp., 1987. Pp. 420. $42.50.

Recent research efforts in clinical and social psychology have been designec to include elements of both disciplines. The authors in this collection examin a variety of coping skills and mechanisms from an integrated clinical-socia psychological perspective.

Remarriage and Stepparenting: Current Research and Theory. Edited b Kay Pasley and Marilyn Ihinger-Tallman. New York: Guilford Press, 1987 Pp. 323. $35.00 (cloth); $19.95 (paper).

This volume provides an overview of current research and theory in the fielc of stepfamily functioning. The authors present findings from recent studie and examine these families from historical, social, and cultural perspectives

A Guide to Information Sources for Social Work and the Human Services By Henry Neil Mendelsohn. Phoenix, Ariz.: Oryx Press, 1987. Pp. 144. $28.50

A compilation of reference works and on-line data bases categorized by typ of information source. Each entry is fully described, cited, and evaluated fo its usefulness to human services professionals.

Working in Social Work: Growing and Thriving in Human Services Practice By Armand Lauffer. Newbury Park, Calif.: Sage Publications, 1987. Pp. 340 $29.95.

The purpose of this book is to address the issues that influence the relationship between people in the human services workplace. Each chapter presents exercise developed to promote positive work-related practices.

Intuitive Psychotherapy: The Role of Creative Therapeutic Intervention By William N. Confer. New York: Human Sciences Press, 1987. Pp. 190 $27.95.

The author examines current advances in several areas of psychotherapy theory within a unifying conceptual framework. Clinical examples and ex periential exercises are offered.

Youth Information Resources: An Annotated Guide for Parents, Professionals, Students, Researchers, and Concerned Citizens. Compiled by Marda Woodbury. Bibliographies and Indexes in Sociology, no. 10. Westport, Conn.: Greenwood Press, 1987. Pp. 357.

A compilation of information sources and research approaches to the study of children aged 13–19 years. The volume includes a listing of youth-related organizations, an author-title-organization index, and a subject-format index.

Handbook on Crime and Delinquency Prevention. Edited by Elmer H. Johnson. Westport, Conn.: Greenwood Press, Inc., 1987. Pp. xi+402. $55.00.

A collection of empirical papers that addresses crime and delinquency prevention from a variety of perspectives. An annotated bibliography and a directory of crime prevention programs complete the volume.

Human Sexuality, Ethnoculture, and Social Work. Edited by Larry Lister. New York: Haworth Press, 1986. Pp. 163.

A special issue of *Journal of Social Work and Human Sexuality*. Contributors to this volume are human services scholars who, as members of the groups they describe, offer valuable insights on cultural issues.

Collaborative Health Care: A Family-oriented Model. By Michael L Glenn. New York: Praeger Publishers, 1987. Pp. 235. $34.95.

This book examines the links among health care, families, and illness. After summarizing the progress of health care theory and practice, the author presents a model based on collaborative efforts by family members and health care professionals.

Advances in Therapies for Children. By Charles E. Schaefer, Howard L. Millman, Steven M. Sichel, and Jane Riegelhaupt Zwilling. Guidebooks for Therapeutic Practice Series. San Francisco: Jossey-Bass, Inc., 1986. Pp. 450. $27.95.

This reference book presents summaries of 117 articles describing therapy approaches to and case examples of specific problems and symptoms of children

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Editorial

In a number of fields, the notion that data should be shared with other investigators for reanalysis or secondary analysis is gaining currency. Data collected for one purpose can often be used for another, thus avoiding the substantial costs involved in data collection. Another objective achieved by the sharing of data is the advance of full and open discourse, a principle basic to scientific inquiry. Researchers must assume that their work will be scrutinized by colleagues in the field. Complete information about a research project facilitates discussion of results, and, at times, the assessment of analyses and interpretations requires reanalysis of the original data.

Presently, an individual interested in performing reanalysis can request the data directly from the original investigator. This informal procedure often proves unproductive. Researchers may be unwilling to share data, or the data may have been lost, inadequately documented, or destroyed. A second mechanism through which data can be shared is through deposit in an archive or repository. Although a number of such archives exist (e.g., the National Technical Information Service of the Department of Commerce and the Inter-university Consortium for Political and Social Research in Ann Arbor, Michigan), none appears to be adequate to accommodate the range of social welfare research.

I believe that data sharing should become a core value in research in social welfare and that researchers should conduct their work with the assumption that the data will become widely available. I therefore propose that social work journals—as a condition of publication—require authors of articles reporting empirical analyses to deposit a copy of the original data of the study together with adequate documentation in a data archive.

The establishment of an archive is expected to have a number of benefits for journals. Journals are vulnerable to poorly executed analyses, misrepresentation of results, and even outright fraud. An archive would promote greater care in data collection, coding, and analysis. The requirement to deposit data should also serve as a deterrent to over-interpretation and distortion.

To further this goal, I met with the Publications Committee of the National Association of Social Workers to explore the possibility that NASW might serve as the sponsor of such an archive. The committee

recommended further study and the development of a full-scale proposal. The committee also suggested that the idea be publicized through editorials that would invite comments from the field. Hence, this editorial is coordinated with similar communications in several other journals in the field.

This proposal would obviously entail costs of various kinds. For the original researcher, the costs would include those of preparing the data and its documentation for archiving. These costs would need to be built into project budgets. It should be noted that some funding organizations (e.g., the National Science Foundation) are already willing to include these costs in grant awards. Each journal will face the costs of administering the policy, and the sponsoring organization will incur the expenses involved in maintaining the archive and providing access.

Many details would have to be addressed: criteria for requiring the deposit of data, criteria for exceptions, acceptable formats and media, standards for documentation, criteria for access, protections for "owners" of data, medium of access (on-line, disk, or tape), and, of course, how the costs would be financed.

I invite comments on this proposal from our readership.

J. R. S.

Psychotherapy, Distributive Justice, and Social Work

Part 2: Psychotherapy and the Pursuit of Justice

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This is the second part of a two-part article analyzing the relation between psychotherapy and social work. Part 1 used Rawls's theory of justice to argue that the goal of social work is distributive justice. Part 2 attempts to resolve the traditional tension in social work between clinical and justice concerns by showing that certain kinds of clinical intervention are an integral part of the pursuit of justice. Expanding on elements of Rawls's account, it is argued that a wide variety of psychological goods essential to effective goal-oriented action, ranging from self-respect and self-esteem to social skills and assertiveness, are relevant to justice, and that clinical intervention to influence the distribution of these traits is part of the essential domain of social work. Clinical social work thus aims at psychological justice and is conceptually distinct from standard psychotherapy, which aims at mental health. Despite this conceptual distinction, standard psychotherapy is still a legitimate "derived" task of the social work profession, assigned to clinical social workers because they have the appropriate skills to fill a social need for mental health professionals.

How is the practice of psychotherapy conceptually related to the broader mission of the social work profession? In Part 1 of this article,[1] I claimed that some uses of psychotherapy are essentially part of social work's mission and others are not, and I set out to give a principled account of the difference. The first step was to define the mission of social work. I argued that the mission of each profession consists of a central "organizing value" which that profession's interventions are designed to promote. Using John Rawls's theory of justice as a framework,[2] I then argued that social work's organizing value is what I call "minimal distributive justice," that is, social work aims to ensure that each person has at least a fair minimal level of each of the socially

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produced goods necessary for effective rational action. This approach to social work was used to explain many common intuitions about the profession.

The second step in my argument, to be undertaken here, is to show that psychotherapeutic services have an essential role to play in social work as I have conceptualized it. The problem is that distributive justice is commonly thought to be concerned exclusively with economic goods, so that justice and psychotherapy are usually seen as opposing interests within social work. Consequently, there is a real question of whether my claim that social work aims at distributive justice can be reconciled with a substantial psychotherapeutic commitment by the profession. I will use Rawls's framework to illustrate how psychotherapeutic intervention can fit into a justice-oriented profession, thus pointing the way to a resolution of the justice-therapy tension in social work. This resolution is possible because Rawls's theory implies that some psychological traits are as much a part of the concerns of justice as are economic goods. Consequently, clinical social work can be conceptualized as psychological intervention aimed at imparting justice-related mental traits to those unfairly deprived of them, which is an essential part of social work's mission.

However, this account of clinical social work leaves a substantial problem unresolved, and dealing with it will involve a third step in my argument. The problem is that much of the psychotherapeutic intervention currently performed by social workers is not primarily concerned with distributive justice. Many social workers are concerned strictly with the goal of mental health and are socially sanctioned to perform mental health services. Yet mental health is not a justice-related good (see Part 1), so this kind of professional activity does not fall under my definition of the profession. Is my definition too narrow, or is it possible that many social workers are not really doing social work? In the final sections of this article I will confront this dilemma and consider how to accommodate these seemingly anomalous facts within my analysis.

The Rawlsian Perspective

The traditional view of the relation between clinical social work and distributive justice is based on a strictly economic understanding of distributive justice. This view holds that psychotherapeutic-style intervention is relevant to justice only because it enables clients to obtain the economic goods of which they are deprived. For example, past difficulties might have caused a client to develop pessimistic or passive attitudes that interfere with basic economic functioning. Psychotherapeutic-style intervention may help such a client to be less demoralized and more assertive in finding employment or in obtaining benefits

and, thus, to rise above the social minimum in income. Or, a client might suffer from a mental disorder that affects economic functioning to the point where the client is deprived of basic goods like food and shelter. In addition to dealing with the economic needs directly, a social worker might try to change the mental processes that are causing the justice-related economic problems. In these examples, some psychological property—from demoralization to schizophrenia—is contributing to the client's economic deprivation, and the use of psychotherapeutic-style intervention is justified as a means to economic ends. Because the primary distributive problem is always located outside the mental domain, the psychological properties of the client remain only indirectly related to justice. If, for example, there were some other way of providing the client with the income he or she needs, psychotherapy would become superfluous so far as social work's goals are concerned.

In contrast, the Rawlsian approach to clinical social work developed here maintains that the psychological property of self-respect is perhaps the most important social primary good with which justice is concerned, independent of its economic implications. I will expand upon this idea by arguing that on a Rawlsian view a great many mental properties are themselves an essential part of social work's justice-oriented domain. This approach will yield a deeper and conceptually more central link between psychotherapeutic-style intervention and social work than the traditional view allows.

Before considering how psychotherapy fits into the Rawlsian perspective, I will review those terms and ideas from Rawls that are most relevant to the discussion below. Rawls uses the term "distributive justice" to refer to the fair allocation of the benefits of social cooperation. Wealth is created in large part through social cooperation, so economic distribution is certainly subject to considerations of justice. However, the benefits of social cooperation go beyond economic goods to encompass various relationships and psychological properties resulting from social interactions and the nature of social institutions, so by the same logic these too would be subject to considerations of fair distribution. Rawls argues that the fair distribution of such goods is the distribution that would be agreed to by free and equal rational persons who are negotiating the structure of a society to which they will all belong. The situation of such contractors is called the "original position," and while it is purely hypothetical and no actual contract is assumed, it is only through a thought experiment about an ideal contract negotiation that we can judge what is in fact a fair distribution of goods in our society. In order to ensure that the persons in the original position are impartial in their deliberations and do not try to cater to their own special preferences, Rawls imposes on the hypothetical negotiators a "veil of ignorance" through which they negotiate the structure

of society without knowing their own unique preferences or natures and without knowing which position in the constructed society they will occupy. Under such conditions, each negotiator will want to ensure that no citizen of the new state is grossly deprived relative to others because the negotiator himself or herself could turn out to be that deprived person when the veil of ignorance is lifted. The negotiators would thus arrange things to guarantee that the least advantaged class is as well off as possible. According to Rawls, they would generally choose to distribute goods equally, but an unequal distribution can be justified if it has the effect of raising the level of the least advantaged because then even those on the losing end of the inequality are benefited in absolute terms. This criterion for unequal distribution Rawls names the "difference principle."

The contractors do know that they each have some personal vision of a good life that they will attempt to pursue rationally, even though they do not know the specific content of that vision. Therefore, the contractors will want to ensure themselves a fair share of those basic goods, which Rawls calls "primary goods," which are essential to the effectiveness of virtually any rational plan of action. The primary goods are those which any rational goal-oriented person would desire irrespective of the nature of his or her particular goals, and a desire for such goods cuts across the differences in a pluralistic society. However, some primary goods, like health (including mental health), are "natural primary goods" whose distribution depends largely on factors other than the nature of social arrangements. Thus, their distribution is less a consideration in evaluating the fairness of social institutions. But many primary goods, such as liberties, opportunities, power, wealth, and self-respect, are strongly dependent for their distribution on how social institutions and social relationships are constituted, and such "social primary goods" are the ones that must be distributed fairly if the social structure is to be just. A central implication of Rawls's approach is that the contractors in a free and impartial negotiation would insist on ensuring that every citizen has at least a "social minimum" of each of the social primary goods. I argued in Part 1 that the purpose of social work is to ensure that no one falls below the social minimum in any of the social primary goods, and I labeled this goal "minimal distributive justice."

Psychological Functioning and Distributive Justice

Psychotherapy has traditionally been conceived as a way of treating mental disorders and promoting mental health by changing the mental states and capacities of the client. For current purposes, the account of mental disorder given in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association,[3] which is widely used by social workers in their

practice,[4] may be taken as a first approximation to an adequate definition. In defining psychotherapy as aimed at the treatment of mental disorders, I am presupposing a distinction between mental disorders and other kinds of psychosocial problems, and this distinction is supported by both common sense and the professional literature.[5]

Now, given that mental health is not a social primary good and thus is not part of the concerns of justice, on the surface it would appear that social workers should not be involved in actual psychotherapeutic activities. As far as the essence of the profession goes, it would seem that the "natural" position of social work in relation to the mental health professions is similar to its position with respect to most other professions. Social workers help clients to obtain the medical, financial, legal, and educational services available to them but are not sanctioned themselves to deliver health care, legislate financial aid for the poor, provide legal counsel, or teach. Analogously, social workers provide secondary support and ensure access to psychotherapeutic services for mentally disordered clients who need them, but it might be thought that they should leave the provision of psychotherapeutic services to other appropriately sanctioned professions. What, then, justifies social workers in being so involved in clinical activities?

Although psychotherapy aims at mental health, the techniques of the psychotherapist, like any tool, can be used for many purposes, and certainly any technique that affects mental states and capacities is likely to find widespread use. For example, group psychotherapy techniques are used to promote organizational development and efficiency, transactional analysis is taught to sales personnel in order to improve the way they deal with customers, and gestalt techniques are used in market research to bring out the hidden psychological reactions of consumers to various products and marketing strategies. In all of these cases, psychotherapeutic techniques are used for purposes other than the purpose of psychotherapy as normally understood.

This distinction in purpose is critical to my discussion below, so in order to avoid frequent repetition of lengthy phrases like "psychotherapy aimed at mental health" and "psychotherapy used to promote justice," I will adhere to the following terminological convention. I will use "psychotherapy" strictly in the traditional sense to refer to intervention aimed at alleviating mental disorder, and I will use other phrases such as "psychotherapeutic-style interventions" or "psychotherapeutic techniques" to refer neutrally to psychological interventions and change techniques derived from psychotherapy, irrespective of the purpose for which they are used. Thus, in my lexicon, not all psychotherapeutic-style interventions are psychotherapy, for some aim to promote mental properties other than mental health.

Part of the reason, then, that social workers are so involved in clinical activities is that, like organizational consultants and market researchers, social workers have found psychotherapeutic techniques to be useful

in pursuing their own essential goal of minimal distributive justice. Psychotherapeutic techniques are useful to social workers because certain psychological traits must be distributed fairly in order to achieve a minimally just society. Clinical social work is thus conceptually distinct from psychotherapy even though the two professions use similar techniques because clinical social work is concerned with psychological justice rather than mental health. Note that this conceptual distinction is perfectly consistent with there being a substantial overlap in practice between pursuing the goals of justice and mental health. Some, though not all, of the psychological conditions that represent unfair psychological deprivation will also constitute or result in mental disorders, so that psychological intervention aimed at justice will often in fact alter mental health status. Nonetheless, the pursuit of psychological justice and the pursuit of mental health are two entirely different guiding principles for intervention and define different professional missions.

I will use Rawls's theory of justice to explain the link between mental functioning and justice, but it is important to realize that Rawls's theory is just the latest in a long tradition in philosophy, beginning with Plato's *Republic*, which holds that aspects of mental functioning are intimately linked to distributive justice. Plato, for example, argued that an internal psychological harmony makes it possible for a person to engage in the occupation that optimally uses his or her natural talents. Plato further considered the ability of each individual to pursue the occupation that best fits his or her nature to be at the heart of social justice. Indeed, political philosophy is largely concerned with how social institutions ideally can be fitted to human nature, so aspects of psychological functioning have always been seen as relevant to the design of a just society. However, a review of past attempts to relate justice and mental functioning is not possible here. Instead, I will present several overlapping perspectives on how psychotherapeutic-style services might fit into the pursuit of minimal distributive justice within a Rawlsian framework. I will start by reviewing Rawls's argument that distributive justice encompasses a concern with the psychological property of self-respect.

Self-Respect as a Social Primary Good

In the Rawlsian original position, with its veil of ignorance, the participants do not know the nature of their ultimate life plan, so in forming the social contract they can only take account of the fact that they are rational agents who will be pursuing some as yet unknown vision of a good life. Therefore, they want to ensure themselves those all-purpose "primary" goods that they will require as rational agents, no matter what their specific goals turn out to be. The primary psychological goods will therefore consist of those conditions of mind that

are necessary for rational and effective pursuit of one's goals, analogous to the primary social and economic goods of liberty, opportunity, income, and so on. The notion of rationality involved here is of organized goal-seeking behavior, so the set of primary psychological goods is generated by the structure and requirements of goal-oriented behavior. To the degree that such primary psychological traits are also social goods largely caused by social structures and processes, including socialization, the attempt to distribute them fairly will be a matter of justice.

Rawls's only example of a psychological property that is a social primary good is self-respect. Rawls claims not only that self-respect has a "central place" as a social primary good,[6] but that it is perhaps "the most important primary good."[7] This raises two questions. First, why should self-respect be a primary good at all? Second, why does Rawls consider it a social rather than a natural good?

Self-respect is a primary good because it is a necessary condition for effectively pursuing a rational course of action. Here is Rawls's explanation of why.

> It is clearly rational for men to secure their self-respect. A sense of their own worth is necessary if they are to pursue their conception of the good with zest and to delight in its fulfillment. Self-respect is not so much a part of any rational plan of life as the sense that one's plan is worth carrying out.[8]

> When we feel that our plans are of little value, we cannot pursue them with pleasure or take delight in their execution. Nor plagued by failure and self-doubt can we continue in our endeavors. It is clear then why self-respect is a primary good. Without it nothing may seem worth doing, or if some things have value for us, we lack the will to strive for them. All desire and activity becomes empty and vain, and we sink into apathy and cynicism. Therefore the parties in the original position would wish to avoid at almost any cost the social conditions that undermine self-respect.[9]

Granting that lack of self-respect constitutes a state of demoralization that sharply reduces the ability to pursue one's goals, self-respect can indeed be considered a primary good. But why is it a social good? Recall that a social good is one that is constituted or distributed largely by the social structure. Rawls says of the other social goods: "They are social goods in view of their connection with the basic structure; liberties and powers are defined by the rules of major institutions and the distribution of income and wealth is regulated by them."[10] Rawls includes self-respect as a social good because he believes it too is deeply dependent on our social relations: "Now our self-respect normally depends upon the respect of others. Unless we feel that our endeavors are honored by them, it is difficult if not impossible for us to maintain the conviction that our ends are worth advancing."[11]

Rawls suggests that there are two major ways in which we develop a sense of self-worth. The first is by direct social reinforcement, "finding our person and deeds appreciated and confirmed by others who are likewise esteemed."[12] The second way is by developing one's potentials, in accordance with what Rawls calls the "Aristotelian Principle" that "other things equal, human beings enjoy the exercise of their realized capacities (their innate or trained abilities), and this enjoyment increases the more the capacity is realized, or the greater its complexity."[13] Rawls argues that even the self-respect that derives from self-realization is not really independent of supportive social interaction. Self-realization works to support self-respect in part because it "influences the extent to which others confirm and take pleasure in what we do."[14] Moreover, the confirmations of others "tend to reduce the likelihood of failure and to provide support against the sense of self-doubt when mishaps occur,"[15] thus facilitating the kind of persistent and often painful activity leading to self-realization. In sum, supportive social interaction is the preeminent condition for self-respect, according to Rawls, both through its direct effects and through its indirect support of efforts at self-realization.

Obtaining self-confirmation requires involvement in a complex web of social interactions in which people advance their mutual interests: "The conditions for persons respecting themselves and one another would seem to require that their common plans be both rational and complementary: they call upon their educated endowments and arouse in each a sense of mastery, and they fit together into one scheme of activity that all can appreciate and enjoy."[16] In order for this to happen among all people rather than just an elite, the structure of social associations must be tailored to the abilities and desires of their various participants. Self-respect thus depends on the fine-grained details of these associations. For a given individual, there must be the opportunity to take part in mutual activities where his or her level of contribution is appreciated: "What counts is that the internal life of these associations is suitably adjusted to the abilities and wants of those belonging to them, and provides a secure base for the sense of worth of their members. The absolute level of achievement, even if it could be defined, is irrelevant. . . . Thus what is necessary is that there should be for each person at least one community of shared interests to which he belongs and where he finds his endeavors confirmed by his associates."[17]

Self-respect depends fairly directly on one's experience of the opinions of others, and the opinions people form of each other are shaped largely by social arrangements, cultural values, and opportunities for productive interactions. Thus, to a large extent it is the nature of the social contract that determines each individual's chances for fulfilling the conditions giving rise to self-respect. Self-respect is consequently a social rather than a natural primary good. Of course, lack of self-

respect might sometimes be due to a pathological mental process having little relation to the social structure. But often self-respect falls to an incapacitating level due to actual rebuffs or simply a lack of positive social interactions, and these experiences are shaped by social institutions and arrangements that make inadequate provision for the kinds of interactions supportive of the self-respect of each citizen. When lack of self-respect is due to such social causes, it constitutes a case of injustice and deprivation. Because low self-respect of this common sort is an injustice, a profession concerned with justice would have as an essential task the treatment of such states of demoralization, including psychological aspects of treatment.

Rational Action and Primary Psychological Goods

Although Rawls considers self-respect a social primary good, he does not consider what other psychological traits might be equally tied to the pursuit of rational action and thus to justice. This is partly because he confuses things by running together several potentially separable ideas. Consider the following definition: "On several occasions I have mentioned that perhaps the most important primary good is that of self-respect. . . . We may define self-respect (or self-esteem) as having two aspects. First of all . . . it includes a person's sense of his own value, his secure conviction that his conception of his good, his plan of life, is worth carrying out. And, second, self-respect implies a confidence in one's ability, so far as it is within one's power to fulfill one's intentions."[18]

This definition lumps together several different concepts, including self-respect, self-esteem, self-confidence, and the power or ability to fulfill one's intentions. To see that they are separable, consider the analogous attitudes toward others. It is not the same thing to respect others, esteem them, believe that they have the power to succeed, and have confidence that they will succeed. The distinction between self-respect and self-esteem is perhaps more subtle than the others but still quite real; one can continue to respect oneself even while one's self-esteem is low, and one can have high self-esteem while at the same time not respecting oneself. Thus, Rawls is incorrect in equating self-respect and self-esteem. The various psychological properties mentioned in Rawls's definition of self-respect can be untangled into a more refined set of psychological traits that are all social primary goods, all necessary to effective goal-oriented action, all tied to justice, and thus all properly within social work's natural domain. This list might then be expanded to include still other psychological traits equally essential to rational action. Such a list might be elaborated in part as follows.

1. *Self-respect.*—To respect someone is to consider that person as having an intrinsic worth as a person and to treat his or her plans and

activities as worthy of serious consideration on a par with the plans and activities of other members of the community. Respect implies a belief in the integrity of the person and in the legitimacy of the person's goals and activities and a moral attitude of taking his or her value and rights seriously. Analogously, to respect oneself is to give due weight to one's equal value as a moral agent relative to others and to pursue one's goals accordingly, with adequate protection of and concern for one's own projects. Self-respect precludes treating oneself as a mere means to the ends of others; it includes a sense of dignity and a corresponding resistance to arbitrary servility and thus implies a degree of integrity. Self-respect requires treating one's own desires, plans, and values as equally important to those of others and thus taking oneself seriously as a member of the moral community. Correspondingly, the most specific symptom of an extreme lack of self-respect is the consistent and arbitrary abandonment of one's own plans or claims in order to defer to, please, or otherwise further the plans of others.

A lack of self-respect should not be confused with an affirmative desire to benefit others that leads to a committed life of service, which is quite consistent with personal integrity and dignity. A loss of self-respect, unlike a life devoted to service, is describable in David Sachs's vivid terms: "It would amount to supposing that there are circumstances when one should not be averse to other persons disregarding, without good reason, one's wishes, cases when one ought not be inclined to take exception to the flouting of one's rights, situations when one should not resent or find shameful being used or degraded, or manipulated or exploited."[19]

A lack of self-respect, implying that one does not take one's own goals seriously enough to defend them appropriately against the encroachments of others, can be devastating to the pursuit of a rational long-term plan of life. Many forms of passivity are due to lack of self-respect. In such cases one may have no plans or principles to which one is committed and which one is willing to preserve at some cost. Not only do the desires and commitments of others arbitrarily override one's own, but even one's own morally and rationally less legitimate desires (such as the desires involved in substance abuse) may be regularly allowed to override one's more critical and legitimate projects. Moreover, one's social relations can be severely impaired because of the unpredictability of one's behavior, which can result from a lack of integrity about one's commitments.

As Rawls convincingly argues, self-respect appears to derive largely from the details of one's participation in the social system and is essentially a social good. Self-respect is therefore a social primary good, subject to considerations of justice. Where the psychosocial environment has deprived someone of the minimal level of self-respect necessary for effective action in our society, it is the obligation of social workers

o see that that person experiences a social environment productive f self-respect, and a psychotherapeutic-style environment may be the ptimal environment available in some cases.

2. *Self-esteem.*—Self-esteem involves a belief in one's own goodness nd worth that goes beyond the sheer moral worth as a person that s involved in self-respect. The ways in which we evaluate ourselves or the purposes of self-esteem are based on an extraordinarily varied et of facts, from whether we feel loved by those we care about to our evel of professional success and competence, from our personal traits o our social and institutional affiliations, and so on. Self-esteem involves ride in all these specific aspects of one's activities, properties, and chievements, integrated into an overall evaluation of one's degree of xcellence. So defined, self-esteem is certainly different than self-respect, nd people who lack self-esteem because they feel there is nothing bout themselves of which they can be proud can still retain their self-espect, as Red Skelton's comedic impressions of the dignified bum lustrate. Sachs describes such a person as follows: "Imagine, now, a nan who is not proud of anything. . . . By way of accomplishments nd natural and social advantages, he judges himself to be distinctly nd generally inferior or, at best, mediocre. . . . It could be categorically rue of a person both that he takes no pride in anything whatever, nd yet that he has his pride . . . because in a well understood sense f 'pride,' what is required for one to have his pride . . . is to possess elf-respect. To do so . . . is compatible with very little self-esteem."[20]

Self-esteem is critical for goal-oriented action because it is tied directly o one's sense of deservingness of success. The contrary belief that ne is undeserving is more widespread than it might seem. For example, Veiss and Sampson,[21] in a recent presentation of their ego psychological heory of psychotherapy, emphasize the omnipresence of guilt feelings nd feelings of being bad and undeserving that underlie the psycho-ogical constraints many clients feel in pursuing their goals. Surely no rait can more effectively inhibit a person's success, as Rawls makes lear, for such a person is beset by the idea of being no good and of eing incapable and unworthy of success.[22] There may even be the emptation to deprive oneself as a way of punishment and redemption.

The standards by which self-esteem is judged are largely socially etermined, and the self-evaluation underlying self-esteem is greatly nfluenced by the judgments of others. Those judgments are shaped n turn by the social opportunities afforded individuals to develop the xcellences that they do possess, to utilize constructively their talents nd skills, and to participate in social activities generally deemed orthwhile that utilize their skills. Self-esteem may thus be considered n large measure a social good. Moreover, as observed above, self-steem is intimately tied to feelings of deservingness and thus to ef-ectiveness in goal-oriented action, whereas low self-esteem creates an

incapacitating sense of inadequacy and a feeling of being undeserving. Self-esteem is thus a social primary good, and its distribution should be a consideration in designing a just societv. Where social arrangements fail to encourage a minimal acceptable level of self-esteem in some individuals, it is a requirement of justice that self-esteem-building measures be taken on their behalf, perhaps through psychotherapeutic-style intervention.

3. *Self-confidence.*—Self-confidence involves the belief or expectation that one will succeed in achieving one's goal. Having some degree of confidence in the outcome of one's efforts is essential to the effectiveness of planful action. It would seem that such confidence is heavily affected by experiences and feedback shaped by the social structure and is thus to some extent a social primary good. Lack of self-confidence probably plays a larger role in client problems than has been appreciated. At the root of a client's resistance to change is often the implicit belief that familiar patterns are the only ones that can be handled; the client lacks confidence that he or she can change. Of course, self-confidence is only appropriate where one does indeed have some realistic possibility of success; otherwise it deteriorates into foolhardiness and recklessness. As Rawls notes in the quote above, "confidence in one's ability" is of interest only in "so far as it is within one's power to fulfill one's intentions." While some degree of optimism may be adaptive, excessive overconfidence represents a lack of self-knowledge (see below) that can lead to incorrect investments of resources and thereby defeat one's strivings.

Appropriate self-confidence results when the goal and the means chosen for pursuing the goal are realistic. Such choices depend in turn on an adequate understanding of at least three components of the goal-seeking situation. First, one's own abilities must be accurately assessed; second, the external obstacles to success must be accurately assessed and surmounted; and, third, internal obstacles to success, including conflicting impulses, fears, and doubts that might interfere with the realization of one's abilities, must be overcome so as to preserve the integrity of the goal-oriented behavior. Each of these bases for appropriate self-confidence is itself a critical justice-related virtue, to be discussed briefly below.

4. *Self-knowledge.*—In order to act effectively, a person must have a reasonably accurate picture of his or her own nature, desires, and capacities. Thus, the importance of fostering an accurate self-image in psychotherapy has been stressed in recent years.[23] Self-knowledge is critical in formulating goals that are appropriate to one's overall desires; clients who feel for one reason or another that they really do not know what they want are paralyzed so far as purposeful action is concerned. Self-knowledge is also critical for understanding one's capacities so that one chooses appropriate ends and realistic means to those ends.

›. *Problem-solving skills.*—In order to formulate an appropriate and listic plan, one must have the skill to analyze possible courses of ion and generate ideas for coping with difficulties. While problem-ving skills may depend on some traits, such as imagination, that y be partly beyond the reach of social distribution, such skills likely depend on systematic exposure to appropriate learning situations l positive feedback for successes.

i. *Assertiveness.*—Clearly, not all obstacles to minimally effective goal-ented activity originate within the person. Environmental obstacles, ecially in difficult environments where a person does not possess at power or social connections, can be a constant source of frustration l despair. Some degree of assertiveness is necessary in dealing with se obstacles, or actions would rarely be carried to completion.

'. *Self-organization.*—Self-confidence was described earlier as a belief one's ability to succeed in one's goal. But there is an important se in which simply having the ability or potential to succeed does guarantee success, even if the person really tries. One can have ability and still find one's efforts defeated by other aspects of one's sonality. In this sense, there are many things that one has the ability lo, but that, because of opposing personality constraints, one cannot ually do. Thus, an accurate belief that one possesses the ability to ceed is not enough for minimally effective action; one must also e the power to utilize the ability by controlling interfering tendencies l impulses. This power to cope with internally generated psychological tacles, which I will call "self-organization," overlaps with self-control l self-discipline.

The common clinical concern about "self-defeating behavior" is an a where the distinction between having an ability and realizing the lity commonly emerges. Self-defeating behavior may be concep-lized as any action that aims at a goal that goes against another re important goal and thus does not serve one's overall interests. e behavior is self-defeating because one part of the self (the striving resented by the problem behavior) is blocking the realization of other part of the self (the strivings for the more important goal). call a behavior "self-defeating" thus presupposes that there exists hin the client the potential and the striving to accomplish the more portant goal, even though that striving is defeated by the problem navior. The client may describe this situation in statements of the m, "I know I am capable of doing *x*, but my efforts are always varted by my tendency to do *y*."

Thus, possessing the ability to succeed is not enough to guarantee cess. As a result of the potential for internal conflict and complexity purpose, people have all sorts of capacities that they never realize. order to be confident of success, one must also be confident of e's ability to mobilize one's overall range of capacities appropriately

and effectively in an organized manner and carry through one's attempt even in the face of setbacks, competing goals, and distractions. Self-organization requires the ability to delay the gratification of other desires in order to accomplish the task at hand, and its existence induces what might be called "self-trust," that is, the belief that one will not deceive oneself in a way harmful to the task at hand or otherwise defeat one's own interests due to internal conflicts or carelessness. Impulsiveness that does not allow the carrying out of long-term plans would also be antithetical to self-organization.

8. *Social skills.*—There are many skills and capacities that any rational person in a society like ours would want to have and that are therefore candidates for primary goods. Paramount among them are those skills involved in pursuing reasonably smooth and beneficial social relationships. Such relationships are critical to well-being in their own right, but they are also an important means to the acquisition of many other goods. Rawls emphasizes in particular that social participation leads to mutual and public affirmation of the value of each participant's contribution and is therefore a potent source of self-respect, the most critical primary good: "It normally suffices that for each person there is some association (one or more) to which he belongs and within which the activities that are rational for him are publicly affirmed by others. In this way we acquire a sense that what we do in everyday life is worthwhile. . . . Thus what is necessary is that there should be for each person at least one community of shared interests to which he belongs and where he finds his endeavors confirmed by his associates."[24]

But in order to participate beneficially in the social order either at the macro political level or at the micro level of companionship, family, and work requires at least a modicum of skill in relating to other people, and not everyone has these skills. Facility in social interaction is probably derived from a complex mix of temperamental endowment (some people are just more "sociable" than others) and socialization into various roles and skills as a child. To the degree that social skills are literally skills that are learned, they are clearly best learned during the childhood socialization process. Their acquisition is not best left to the marketplace, for by the time people possess the financial and personal powers to obtain those skills and are old enough to appreciate the skills they need, it will probably be too late to procure them efficiently.

Given the importance of social skills, their central role in carrying out virtually any person's life plan and the fact that skills are in large part distributed through social processes such as teaching and socialization, a Rawlsian approach to justice implies that children have a right as members of our culture to be educated in such skills. Psychotherapeutic-style intervention may be aimed at belatedly imparting

ıt such essential skills to adults who have not been provided with equate opportunities for developing them in childhood.

The above is an initial listing of a few of the traits that could be gued to be primary psychological goods, necessary to the actions of y rational agent pursuing a life plan. To the degree that these mental uctures are induced primarily through social interaction, they are bject to principles of distributive justice and to the requirement that ocial minimum be supplied to all members of society to the degree ssible. The list roughly reflects the structure of goal-oriented behavior, which a person chooses means and makes an effort to succeed in ne goal. The psychological traits that enable an individual to act ectively in a goal-oriented situation therefore include the individual's lief that he or she is capable and deserving of success and that the rsuit of the goal via the chosen means is worthy of respect. The lividual must be able to organize his or her efforts effectively, ad- uately marshaling both internal resources and the external social d physical means necessary for the task, and sustain effort in the e of competing demands. The individual must have adequate owledge to judge reasonably his or her true desires and capacities. l these and a variety of other needs arise from the logic of the goal- ented situation. There will be many cases in which these justice- ated psychological traits will need strengthening through the use psychotherapeutic-style intervention, and these cases are particularly propriate to clinical social work.

Rawls suggests that there is one psychological trait, self-respect, that a primary psychological good. I have argued that in fact a broad ige of psychological traits satisfy the criterion for being a primary ychological good. In extending the list of such traits beyond the one ggested by Rawls, I relied directly on the definition of primary goods goods that are necessary for effective purposeful action. I now want suggest two less direct approaches to delineating primary psychological ods, both of which are based on aspects of Rawls's theory, but ither of which are explored by Rawls. The first approach is through developmental needs of the child, and the second is through the ncept of fair opportunity.

evelopmental Needs and Distributive Justice

ie psychological development of the child is to a considerable extent aped by the psychological inputs provided by the child's family and surrounding social environment. For normal psychological growth, child requires and is programmed to expect certain psychological periences, just as he or she requires and is biologically adapted to pect certain nutritional inputs for normal physical maturation. The

psychological preconditions necessary for the normal maturation of the child's mind may be considered part of the child's developmental needs.

Family environments are part of what society provides for children, and the distribution and nature of such environments occur largely according to the rules implicit in the social structure. Thus, the distribution of family environments, and specifically the distribution of children's developmentally necessary psychological experiences, is within the domain of justice. A just society will attempt to distribute early social environments and the psychological goods that depend on them so as to ensure that each child receives at least a social minimum in the quality of such experiences. Indeed, the entire field of child welfare may be conceptualized as the attempt to ensure minimal distributive justice in the distribution of childhood environments. Correspondingly, psychotherapeutic-style intervention with adults may be seen as providing a purposefully constructed social environment and corresponding psychological inputs that belatedly produce the kinds of psychological growth of which many children are unjustly deprived in their families.

In the Rawlsian account of justice, adults are guaranteed liberties, opportunities, and minimal income because these goods are essential to pursuing rationally any vision of a good life. The concern to distribute these goods fairly presupposes that adults are generally capable of using them to pursue their life's projects. But it is only through appropriate maturation and development that one gains the ability to use effectively the available means to pursue one's ends. Such maturation depends on a reasonably benign psychological environment during childhood. Rawls argues that the hypothetical participants in the social contract would guarantee themselves the liberties and opportunities that they need to pursue their life plans; based on the same reasoning, they would surely guarantee that their capability for pursuing their plans is not arbitrarily eroded by an inadequate early environment. They would want to ensure that their potential psychological and social capacities would at least minimally be nurtured, so that they could effectively use the other primary goods to which they are entitled. To the degree compatible with the other principles of justice, they will demand a fair distribution of early environments.

This suggests that on a Rawlsian approach to justice the special needs of children will be reflected in the list of primary goods. Rawls assumes that it is necessary to consider only a few general kinds of primary goods, like money and freedom and opportunity, because they are translatable into the myriad of specific things that each person might want. But a child has no way of ensuring that his or her potential life plan is advanced in even a minimal way during childhood. A child possesses no medium of exchange by which to guarantee that developmental needs are met, nor is there an easy way to purchase devel-

opmental goods. Of course, parents often have the money, freedom, and so on to promote their child's best interests, but the interests of the child and the actions of the parents do not always coincide. Consequently, rational social contractors will want to ensure that the environment they are involuntarily exposed to as children will be of some minimal quality. The rights of the family as a social institution are presumably to be negotiated in the original position, and although much freedom should be afforded people in structuring their family lives in accordance with their own preferences, nonetheless there are considerations of justice for the child that override certain ways of exercising those familial freedoms.[25]

The psychological developmental needs of a child are instances of what David Braybrooke calls "course-of-life needs," which include those needs all people have either throughout their lives (e.g., food, shelter, clothing, rest, and companionship), or at specific life stages such as childhood (e.g., adequate care and feeding, protection from abuse and neglect, and adequate stimulation and education).[26] Braybrooke opposes these to "adventitious needs," the things that some people need contingently due to the more particular projects or styles of life they adopt. The universality and fundamental importance of course-of-life needs, combined with the fact that their satisfaction is dependent on distribution of social resources such as family environments, make these goods candidates for primary goods on Rawls's approach and subject to a social minimum below which injustice occurs. There is wide agreement that these sorts of universal needs have some special status in the theory of justice, quite aside from the details of Rawls's approach.[27]

Developmental and other course-of-life needs are certainly important concerns within the social work profession, and child welfare agencies are devoted to monitoring and redistributing childhood environments so as to provide the conditions under which a child can attain the social minimum with respect to developmental needs. Where there is evidence that a child's environment falls below a certain level that is conceived as a social minimum, as when a child is physically or sexually abused or neglected, the child may be taken out of the home or other measures may be taken in order to improve the child's situation. However, sometimes a childhood environment will unjustly fall below the social minimum, but the harm will not be preventable and may not be apparent until much later.

This suggests an intimate link between psychotherapeutic-style services, developmental needs, and justice. Theories of psychotherapy, especially within the psychodynamic tradition, are generally developmentally based. They understand the client's problems as the outcome of failures to negotiate a series of developmental stages, and they conceive of psychotherapy as offering a benign interpersonal environment designed to allow the client a chance to negotiate ret-

roactively the relevant developmental issues. A psychotherapeutic-style intervention can therefore constitute a just compensation for early deprivation and an attempt to belatedly satisfy developmental needs. A psychotherapeutic-style relationship may be considered an effort to redistribute the primary social good of psychologically facilitative social environments in a more just manner, with the goal of bringing about psychological growth. While the notion that psychotherapy is a form of "reparenting" is highly controversial within the psychotherapy field as a theory of technique (i.e., many theoreticians think it is poor technique for the psychotherapist to act like a surrogate parent), the reparenting perspective makes sense as a conceptualization of the justice-related aspects of psychotherapy. As a form of psychological restitution, psychotherapeutic-style intervention is as much a part of redistributive efforts as the redistribution of early environmental experiences through foster care and adoption. Note that the provision of developmental psychological needs via a psychotherapeutic-style relationship is an instance in which the goal of justice overlaps with the goal of mental health, because developmental arrests also constitute a form of psychopathology.

The idea that psychotherapeutic-style social work is an attempt at restitution for unjust developmental deprivation has some interesting implications for outcome evaluations of clinical services. It may be that a decent minimal opportunity to grow into an effective person is so important that services providing that opportunity are justifiable even where the success rate is relatively low. This is not to say that outcome studies are irrelevant to the justice approach. If psychotherapeutic-style services are an attempt to compensate for psychological deprivation, outcome studies are needed to see whether these services adequately accomplish their goal. However, where a service provides some possibility of correcting unjust deprivation, success rates need not be as high as they otherwise would have to be for the service to be justifiable. This is because the chance to grow psychologically is owed to the client. Roughly speaking, as the moral importance of the opportunity offered by a service increases, the stringency of outcome tests evaluating the service should decrease.

Psychological Capacities and Fair Opportunity

One of the most basic social primary goods, according to Rawls, is the provision of equal opportunity. Norman Daniels has recently argued on Rawlsian grounds that health care serves the goal of distributive justice because it increases the patient's mental and physical capacities and thus provides the patient with a fairer range of opportunities.[28] Daniels argues that society has an obligation to provide health care in order to ameliorate arbitrary inequalities in opportunity due to health

status, and he sees his argument as directly analogous to Rawls's similar argument that society has an obligation to provide educational experiences that compensate for differences in opportunity due to the accidents of birth:

> None of us deserves the advantages conferred by accidents of birth—either the genetic or social advantages. These advantages from the "natural lottery" are morally arbitrary, because they are not deserved, and to let them determine individual opportunity—and reward and success in life—is to confer arbitrariness on the outcomes. So positive steps, for example, through the educational system, are to be taken to provide fair equality of opportunity.
>
> But if it is important to use resources to counter the advantages in opportunity some get in the natural lottery, it is equally important to use resources to counter the natural disadvantages induced by disease. . . Health care has normal functioning as its goal: it concentrates on a specific class of obvious disadvantages and tries to eliminate them. That is its limited contribution to guaranteeing fair equality of opportunity.[29]

If Daniels's argument were entirely correct, it would mean that a very broad range of mental health interventions would ultimately be concerned with justice, and this would erode the distinction between the goals of mental health and justice on which much of my argument rests. However, there are serious flaws in Daniels's argument when considered from the Rawlsian perspective that Daniels and I share. The main problem is that Daniels's analogy between education and health care is not sound. His approach to health care actually presupposes a different and less plausible conception of equality of opportunity than the one Rawls develops.

According to Rawls, equal opportunity does not require that unequally endowed people be made equally capable, it "only requires equal life prospects in all sectors of society for those similarly endowed and motivated."[30] People with the same natural talents may not be able to take advantage of the same opportunities because their family environments may be radically different, leading to different degrees of development of their talents and different levels of access to opportunities to use their talents. Now, the "natural lottery" referred to by Daniels, which puts different children in different family environments, is really an implicit set of social structures and rules that determines each child's family environment and thus is subject to considerations of justice. Rawls therefore argues that education should be used to correct for differing family environments and equalize the opportunities open to equally talented people. A critical point is that in Rawls's approach there is no attempt to correct for differences in natural talents: "The distribution of natural assets is a fact of nature and . . . no attempt is made to change it."[31] Rather than resenting and trying to change natural differences, ideally people "view the greater abilities as a social asset to be used for the common advantage."[32] Where inequality is a

matter of natural differences and not social in origin, Rawls does r
believe that the theory of justice dictates correction of that inequali
although his "difference principle" does imply that social resour
will be used to benefit the least advantaged with respect to soc
primary goods: "Now the difference principle . . . does not requi
society to try to even out handicaps as if all were expected to comp
on a fair basis in the same race. . . . The difference principle represen
in effect, an agreement to regard the distribution of natural tale
as a common asset and to share in the benefits of this distributi
whatever it turns out to be."[33]

In contrast to family environments, disorders are largely a natu
given that are due to causes independent of the social structure. Th
like differences in natural talents, differences in health and illn
cannot generally be considered unfair from a Rawlsian perspecti
and it makes no sense to correct for differences in health status
grounds of justice. Illness may not be deserved, but neither is heal
deserved in virtue of the principles of justice alone.

Daniels's approach to natural differences is fundamentally differe
from that of Rawls. From the fact that handicaps due to disorder a
undeserved and morally arbitrary, Daniels infers that they are unf
and that society has a positive duty to cure them in order to provi
equal opportunity. This kind of argument is based on a principle th
Rawls calls the "principle of redress," which he explains as "the princi
that undeserved inequalities call for redress; and since inequalities
birth and natural endowment are undeserved, these inequalities a
to be somehow compensated for."[34] Rawls explicitly disavows the pri
ciple of redress as a basic rule of justice. Whereas Daniels treats natu
differences as unjust and therefore deserving of redress, Rawls mo
plausibly sees natural variation as neither just nor unjust.

My analysis suggests that Daniels is incorrect in trying to subsu
the goal of mental health entirely under the goal of justice, at le
from a Rawlsian perspective. However, Daniels's argument does sugg
a way in which psychotherapy-style interventions can be aimed essentia
at the goal of justice rather than at mental health. Rather than aimi
to cure disorders, a social worker might use psychotherapeutic techniqu
to provide the client with those mental properties that are necessa
for taking advantage of a just range of opportunities and therefo
are part of the social minimum of psychological goods. Social work
are traditionally concerned with certain physical capacities of th
clients (e.g., the capacity to transport oneself from home to work, t
capacity to gain access to public buildings) because these capaciti
are necessary to take advantage of important opportunities that shou
be open to as many people as possible (e.g., the opportunity to wo
the opportunity to take part in public life). These capacities are som
times improved as a result of medical intervention, but sometim

social intervention (e.g., buses that are adapted to the needs of the handicapped, ramps for wheelchair access to public buildings) is necessary. Similarly, certain mental capacities and skills (e.g., the ability to delay gratification, the ability to get along with other people when engaging in a cooperative task) are also necessary to take advantage of critical opportunities (the opportunity to work, the opportunity to take part in public life), and social work intervention to provide these traits where socialization has been inadequate is a justice-related use of psychotherapeutic techniques.

* * *

This completes my exploration of ways in which psychological functioning can be a matter of justice within the Rawlsian framework. I have identified three overlapping perspectives from which psychological processes can be seen as social primary goods, so that psychotherapy-style interventions aimed at instilling them would be in the domain of social work. First, relying on Rawls's account of self-respect as a social primary good, I argued that the nature of rational action requires a set of psychological properties, just as it does a set of material and social properties, that any rational agent would need for effectively pursuing a life plan. These psychological properties, ranging from self-confidence and self-knowledge to assertiveness and a basic level of social skill, are both critical for goal-directed behavior and shaped by the distribution of social environments, and the agents in the original position would surely have negotiated for a social minimum in the experiences that lead to those critical properties. Second, psychological inputs to the child or, belatedly, to the adult client may constitute developmental needs for certain psychological experiences that everyone is assured under a just social contract. Third, certain mental traits constitute capacities, and thus opportunities, that every person should have.

It is worth noting that no particular clinical theory has been assumed in any of the above approaches to psychological aspects of justice. The fundamental goals of social work should be independent of any particular theory, just as the fundamental goals of medicine remained unchanged despite the remarkable transition from the humoral theory and bleeding to modern medicine and transfusions. Social workers can approach a just distribution of psychological traits from a variety of clinical perspectives, for it is the end of justice, and not the particular form of the treatment, that is social work's concern.

It is also critical to note that the traits I have discussed above are matters of degree, and that not every minor degree of lack of one of them would constitute a deprivation. A deprivation must involve a substantial impairment in the effectiveness of the basic goal-oriented behavior of a person. Moreover, even when the lack is great enough

to impair effective behavior, the problems I am describing need
be due to or constitute mental disorders. Often, even fairly se\
psychological obstacles to effective action are an all-too-normal respc
to a difficult and frustrating situation or history, as when confide
wanes after a succession of failures. Psychotherapeutic techniques
be used to overcome such psychological obstacles to the depri
client's effective action without thereby constituting psychotherap
is also worth noting that, because the psychological problems discus
above have social sources, social-level interventions will often be
propriate in addition to or instead of psychotherapy-style interventi
The point is to correct the injustice; how that goal is accomplishe
secondary.

My analysis provides solutions to two central problems in the c
ceptualization of social work—the problem of how to draw a princip
distinction between psychotherapy-style intervention that is essenti
social work and psychotherapy that is outside of social work's esser
domain, and the problem of how clinical social work forms a natı
conceptual unity with other parts of the profession. To the deg
that a psychotherapeutic-style intervention is aimed at imparting
chological goods required by the ideal of justice, it is essentially a so
work intervention; to the degree that it aims specifically at other g
such as the mental health of the client, it is not essentially social wc
and, to the degree that a clinical social worker's intervention aim
justice, it coheres with the broader goal of the social work professi

Essential versus Derived Professional Tasks

I have claimed that traditional psychotherapy, aimed specificall
mental health rather than justice, is outside the essential domair
social work. However, it is apparent that social workers are currei
omnipresent in the psychotherapy field, and their mandate to perfc
psychotherapeutic interventions is clearly not limited to the dom
of justice. Consequently, my analysis implies that some of the currei
mandated professional responsibilities of social workers are not
sentially social work. This seems to leave me with a dilemma: eit
my analysis of the profession's essence must be incorrect becaus
does not encompass some of social work's legitimate professional
tivities, or my analysis is correct and there must be something ille
mate about social workers performing traditional psychotherape
services. In other words, the challenge is either to acknowledge rea
and adjust the definition of social work to include psychotherap
to take the definition seriously and reject psychotherapy as a so
work activity altogether. Many social workers have strong feeli
about which side of this dilemma is the right one to accept. I beli

that the correct strategy is to avoid both horns of the dilemma and adopt an intermediate position.

The dilemma results from an overly simplistic assumption about the relationship between a profession's definition and the tasks it is legitimately mandated to pursue. The assumption is that the definition of a profession determines the profession's legitimate tasks, and that a task is legitimate only if it promotes the defined organizing value of the profession. This common and seemingly sensible assumption is incorrect; conceptual essence and professional legitimacy do not always correspond because a profession can also legitimately be sanctioned to perform a task that is not part of its defined function but that naturally falls to it because of its skills. Mistakenly identifying a profession's legitimate tasks with its essential tasks can lead to unnecessary confusion and tension within the profession, and I believe such confusions emerge within social work in discussions of issues like the legitimacy of private practice and the place of clinical training in social work education. In order to show how to avoid the dilemma, I first need to clarify the nature of professional tasks and their relations to the profession's organizing value.

The tasks performed by a profession under society's mandate can generally be divided into two types, depending on the reason the profession is sanctioned to perform the tasks. First, what I will call the *essential* tasks are assigned to a profession because they promote the organizing value that is the defined goal of the profession and they require the profession's special skills. For example, it is an essential task of medicine to perform surgery or prescribe drugs to sustain health. However, once a profession has a certain set of skills, new tasks may be assigned to the profession only because the tasks happen to require those or similar skills. These may be called *derived* tasks in the sense that they are derived from the profession's skills and not directly related to the profession's organizing value. A profession is mandated by society to engage in the derived tasks for practical reasons of societal convenience, most commonly because there is no one else as qualified and as available to do them.

Derived tasks are not part of the definitional essence of a profession, even though they are a legitimately mandated part of the profession's responsibilities. Cosmetic changes in facial appearance, for example, generally have no inherent relationship to health. It is only because rearrangment of the facial structure requires surgical skills that doctors alone are sanctioned to do it. Otherwise, the task would presumably belong to cosmetologists or others specializing in the attainment of a pleasing appearance. Again, weight-loss clinics catering to slightly overweight people really have little to do with health. These clinics are generally run by doctors because one of the main treatments

for obesity, drug therapy, is a medical skill. Similarly, lawyers are oft considered to be particularly well equipped for public life. This is ı because the task of the politician is to gain legal justice for a cli but, rather, because the knowledge of law and legal thinking that t lawyer has acquired in order to pursue legal justice for clients is a valuable in the political realm.

The difference between essential and derived tasks is in the intenti with which the act is performed, and this difference in intention v sometimes not be immediately obvious from the task-related actic themselves. For example, the act of prescribing drugs to aid in weig reduction will be identical whether the goal is to improve the patier hypertensive condition or to help the patient lose a few pounds so to look better in a bathing suit. Nonetheless, the first is essentiall medical act, while the second is a derived task. Although the intentic with which an activity is pursued are sometimes not immediately a parent, they are ultimately of critical importance because they sei to regulate the activity. The intentions would emerge, for examp in assessment procedures, in decisions about treatment terminatic in adjustments and emphases during the treatment procedure, a so on.

It should be emphasized that there is nothing inherently less i portant, inappropriate, or unethical about performing derived prof sional tasks. The social mandate for a profession's pursuit of its deriv tasks may be just as strong as the mandate for the profession's purs of its essential tasks. It is just that the derived tasks, unlike essent tasks, are not aimed at the fundamental goal and thus do not f under the definition of a profession. "Essential" here is not being us in the sense of "crucially important" but, rather, in the way it is t ditionally used in philosophy, to mean "part of the essence or tr nature of a thing." It may be genuinely more important to a particu person's well-being to have a smaller nose than to have a tetan booster, but the tetanus shot is still essentially a medical task while t nose job is not. Correspondingly, the responsibility of a profession f rigorous training of its members is no lighter when the tasks a derived tasks. A hair transplant may be unrelated to the goal of heal but that is no justification for watered down or ambivalent traini of those physicians who plan to become specialists in such procedur Although derived tasks are just as much a part of a profession's mand as are essential tasks, there is inevitably a conceptual tension betwe the derived tasks and the basic motivating value of a profession becau the derived tasks do not serve to promote that value.

The distinction between essential and derived professional tas means that the dilemma stated earlier can be avoided, and that t justice perspective is consistent with the facts about social work's volvement in psychotherapeutic activities. Social work can by definiti

be concerned with distributive justice, and at the same time a substantial amount of legitimately mandated social work activity can be in the pursuit of mental health. The justice-oriented tasks are essential tasks, and the pursuit of mental health is a pragmatically mandated derived task.

Accepting Psychotherapy as a Derived Social Work Task

Earlier I argued that clinical intervention can be aimed at the goal of psychological justice and thus can be an essential part of social work. However, it seems clear that a significant number of social workers spend their time doing standard psychotherapy and are thus engaged in a derived social work task. They practice psychotherapy in community mental health centers, hospital clinics, private practice, and many other settings, where their client population is often drawn from a pool shared with colleagues from other mental health professions. Their goal is to treat mental disorders, just like psychotherapists of other professions, and this fact is often indicated by their self-identification on business cards and in conversation as "psychotherapists."

It is often insisted that even clinical social workers working in mental health settings do something essentially different in nature from the services performed by members of other mental health professions. The most common suggestion is that social work clinicians are distinguished by their concern with the interaction between client and environment.[35] A quick glance at a variety of professional journals inside and outside the field of social work will dispel this idea. Social work has no monopoly on an interactional or social approach to mental disorder, and many social workers do not actually work in this way. But even if social workers do have a more interactionist orientation to treatment than their colleagues, this does not show that their essential professional task is different. It all depends on *why* they are focusing on the environmental influences. If they focus on the patient-environment interaction because justice and injustice inherently involve the interaction of the client with his or her social environment and the clinician is ultimately interested in justice, then the concern with interaction is a sign of a difference in professional goal. But if the clinician is interested in environmental influences only because he or she sees them as important in understanding and treating mental disturbances, then focusing on the environment would constitute just one more technique for dealing with mental disorder, and the social worker's focus would not differentiate the professional nature of her or his practice from the practices of colleagues. After all, there can be many different ways to approach the same goal, and the field of psychotherapy is already notorious for its multiplicity of approaches. Some psychotherapists focus on irrational beliefs, some on histories

of reinforcement, and some on the repression and displacement o
instinctual impulses. Some think that delving into childhood experienc
is critical for effecting a cure, whereas others see concern with th
past as a waste of time. Despite these differences, all these practitione
are recognized as engaging in the same professional activity of ps
chotherapy because they share the same ends. A concern for clien
environment interaction is often utilized as one more technical approac
within this same professional enterprise.

If standard psychotherapy done by social workers is best concep
tualized as a derived professional task, then what follows about th
proper attitude of social workers toward this derived task? I belie
the implications are more complex than they are often taken to b
As I emphasized earlier, a profession's derived tasks are not necessari
less important or less emphatically mandated than its essential task
A constructive response to a mandate for a derived task requires th
the derived task be acknowledged and pursued in the most appropria
professional manner. At the same time, the continued identity an
integrity of the profession demands that the conceptual distinctio
between the derived and essential tasks be made clear and the essenti
motivating spirit of the profession be given continued and adequa
nurturance.

Acknowledging that psychotherapy is a derived task of social wo
opens the way for a fresh look at the conceptual foundations of th
profession, but it also can be anxiety provoking. People who entere
a profession because they were inspired by its essential goal may we
be ambivalent when a substantial amount of professional effort is pu
into a derived task. There is the real possibility that the fervor wit
which the essential tasks are pursued could be lessened as a result o
the diversion of thought and energy into the derived areas. Indee
if a substantial number of professional trainees opt for careers concerne
with derived tasks, a profession's mission may become conceptuall
bifurcated and its sense of identity threatened or confused.

This confusion can lead to various forms of professional defensivenes
One defensive reaction is to insist that all the profession's tasks ar
essential and that they must all find their place in the definition o
the profession. This leads to an unending and ill-fated search for
definition of the profession that encompasses the derived tasks. Th
strategy is self-defeating because it leads to inadequate accounts o
the profession and therefore causes more conceptual confusion an
a further breakdown in professional identity as people realize that th
claimed conceptual unity of the field is a bogus one.

A second defensive reaction is to reject the legitimacy of the derive
task. This approach ignores the realities of professional life. For exampl
schools of social work that train substantial numbers of psychotherapis
may yet insist that their applicants display an interest in alleviatin

deprivation. The result is that students misrepresent themselves and their aspirations in order to satisfy the school's needs, and the training needs of the students may not be adequately addressed. Acknowledging that students are being trained in a derived task the goals of which need not conform to the traditional and essential tasks of the profession, and straightforwardly providing the appropriate training for engaging in those derived tasks, would be a preferable way to proceed.

Similar defensiveness emerges in discussions of the appropriateness of social workers engaging in the private practice of psychotherapy. The possibility of going into private practice draws many students into the social work field, and there is clear social sanction for such practice. Nonetheless, there is widespread disapproval of private practice as an outcome of professional training within the social work profession. The problem is that private practice is generally aimed at treating mental disturbances, not at alleviating deprivation. However, the fact that the private practice of psychotherapy by social workers is not aimed at essential social work goals does not mean it is illegitimate as a task for social workers. Those who argue to the contrary miss the point that social work has been mandated to perform derived tasks that need not be consistent with its traditional mission, and that these derived tasks are just as much a part of the profession's mandated responsibilities as are its essential tasks.

Incidentally, there is nothing inherent in the nature of private practice that precludes its use in the pursuit of the profession's organizing value of justice. Those who tie the nature of social work to the staffing of public social service agencies are correct to the extent that social service agencies are the main way that minimal distributive justice is promoted in our culture at present, but they are incorrect in linking the profession's definition to a mere institutional arrangement for service delivery. A profession is defined by the goal that its services promote, not by the form of the services, and social work's pursuit of justice could in principle occur within the context of private practice. Nonetheless, at the present time, derived rather than essential social work goals are generally pursued in private practice.

This completes my discussion of how my analysis of social work as essentially aimed at justice is consistent with the fact that many social workers pursue the value of mental health. The answer is that mental health is pursued as a derived task, so that such activities are legitimately part of the profession's responsibilities, even though they are not part of the profession's essence.

Concluding Observations

Given our culture's love affair with psychotherapy, it is remarkable that there exists no profession with psychotherapy as its exclusive

domain of responsibility. Instead, psychotherapy is practiced by a melange of social workers, psychiatrists, psychologists, marriage and family counselors, educational psychologists, psychiatric nurses, and others. Because of their training in psychotherapy-style interviewing for use in casework and their relatively low salaries, social workers have been major beneficiaries of this strange situation, and working as psychotherapists has given social workers opportunities for increased income, status, and emotional and intellectual stimulation. Given society's mandate and the needs of the mentally disturbed, it is both appropriate and desirable that some social workers spend their professional lives as psychotherapists, concerned with the treatment of mental disorders. But however socially useful or pragmatically advantageous, the incorporation of traditional psychotherapy within clinical social work's mandate has engendered extreme confusion all around. Clinically oriented social workers have become confused about their professional identity, and those outside the profession have become ever more suspicious that clinical social workers are just lesser-trained versions of other psychotherapeutic professionals. This general confusion about the nature and purpose of clinical social work poses one of the most urgent challenges to the continued integrity of the social work profession. In this article I have attempted to meet this challenge by presenting a conceptual framework that clarifies the difference in principle between psychotherapy and clinical social work.

In Part 1 of this article I conceptualized social work as essentially aimed at distributive justice. In Part 2, I have argued that much clinical intervention by social workers is within social work's essential domain of justice because it aims at psychological justice. On the other hand, mental health–oriented clinical interventions performed by social workers are not concerned with justice and thus are not social work from the point of view of the definition or essence of the profession, although they are social work from the legal and regulatory point of view. I believe that understanding the conceptual distinction between these two types of clinical work which social workers currently do can be of great help in coming to a deeper and more coherent view of the nature of our field.

The critical point in resolving the current confusion is that very similar techniques can be used for very different purposes, and it is the purpose rather than the technique that identifies the type of professional activity being performed. In particular, psychotherapy-style techniques need not be used only to relieve mental disorders and thus can be used for activities other than psychotherapy. The same techniques can be and often are used by social workers in the pursuit of their own distinct professional end of minimal distributive justice.

If the profession of social work is not to lose its most precious assets—ironically, those very assets that it is so concerned to instill in

clients, such as self-confidence, self-knowledge, and self-esteem—
en social workers must become clear and precise about the nature
their profession. Only when social work's distinct professional purpose
termines when and how psychotherapy-style techniques are used
es the use of such techniques constitute a clinical form of social
rk that is conceptually distinct from psychotherapy practiced by
her professions. An account of such a distinction in purpose has
en argued for in this article. Psychotherapy, including psychotherapy
acticed as a derived task by social workers, aims at the alleviation
mental disorder; clinical social work uses psychotherapy-style tech-
ques to provide those psychological goods that are required by the
eal of justice.

otes

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Postmaterialism at Work in Social Welfare Policy: The Swedish Case

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Inglehart's theory of changes in personal values (postmaterialism) in industrialized societies is used to examine recent changes in Swedish politics and social welfare policy. Instead of looking only at survey research data to establish the presence or absence of postmaterialist values, actual changes in policy are cited to understand how much influence can be attributed to postmaterialism. It is found that postmaterialist values are useful in understanding recent Swedish policy shifts. Implications for the United States are discussed.

Sweden is sometimes seen as an ideal social welfare state by American social workers. The breadth and coverage of social welfare programs far outstrip the system in the United States. Every now and then, however, it is useful to check the condition of role models to see how they are doing, especially when they have undergone as much change as has Sweden since the mid-1970s.

The theoretical model underlying this article's analysis applies to the United States as well as to Sweden. If we can understand the bases and processes of change in Sweden, we can present new American policy proposals in ways more likely to be accepted, or we can defend current good policies against ill-advised changes. Sweden, in this context, is like the canary in a mine shaft: despite significant differences in

Social Service Review (September 1988)

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size, shape, and problems, its experiences provide advance warning of changes in the (political) environment.

One explanation for many of the political and social changes taking place in much of the industrialized world has focused on a fundamental shift in values held by the population; these new values are called "postmaterialist."[1] This article looks at the strength of postmaterialism's influence in Sweden by examining how it has affected social welfare policy in the last decade. I first present Inglehart's thesis on postmaterialism. A new way of measuring the strength of postmaterialistic influence in a country is proposed, one which looks for the effects of values, not just the presence of values themselves. This is important because the presence of an attitude does not always lead to logically consistent behavior. Second, three of the most important trends currently affecting Sweden's social welfare system are examined. Third, I relate the political and policy changes taking place in Sweden to the model of postmaterialistic change. Finally, differences between Swedish reality and what Inglehart's model predicts are explained, providing some surprises in the process. I develop an important general point in addition to the substantive issues most obvious in the article: in applying social science theory to a particular case, we must take care to look beyond the surface effects predicted by the theory. The process described by the model may be operating, even though the effects seem contradictory to those anticipated.

The Postmaterialist Thesis

The winds of change are blowing over the political scene in industrialized countries. One of the leading explanations for the rise of new parties and shifting of emphasis toward new issues by some long-lived parties is Inglehart's thesis on "postmaterialist" politics.[2] Briefly stated, Inglehart believes that the postwar generation in industrialized countries has beliefs that differ significantly from those of their parents. Inglehart has two hypotheses from which he derives his model. The first is the scarcity hypothesis: that which is scarce has a higher value than that which is abundant. The second is the constancy hypothesis: basic values formed during childhood and early adulthood are difficult to change. The scarcity hypothesis explains why older people today have different values than younger people have. The older generation, which experienced the Depression of the 1930s and World War II, attaches great weight to physical and economic security, things that were scarce during their formative years. The younger generation, which grew up during a time of economic prosperity and peace, attaches more weight to nonmaterial needs such as a clean environment and personal relationships, the scarcities of their time. The second hypothesis suggests that the observed values are not due only to life-cycle effects. The

values one has when one is young are the values one maintains throughout one's life.

Postmaterialists have a different political agenda than do materialists. They desire action to protect the environment, not to maintain economic growth. They are in favor of equality between the sexes, not of maintaining traditional roles. They want more say in governmental decisions, not just to be left alone. These changing preferences lead to pressure on existing parties to take up new issues or risk losing these younger voters to new parties. Currently, mainly the young are postmaterialists; as younger generations replace older ones, society will increasingly be molded by postmaterialist values.[3]

While there are a host of studies supporting Inglehart's thesis,[4] not everyone agrees.[5] Much of the dispute centers on whether the attitudes of the persons questioned are strongly held beliefs or merely short-term evaluations of the current political situation. Another problem seen by critics is the lack of proof that this is not just a life-cycle effect. Despite the doubters and because of the collection of data over a 15-year-period, however, Inglehart's "silent revolution" seems to be increasingly well established as a fact in many countries.

Although there are a large number of case studies for different countries and the European Community as a whole, little has yet emerged to suggest whether Sweden is also following the postmaterialist trend. I suggest elsewhere that a shift toward postmaterialistic values is shaping Swedish politics today, even though the effects are blunted by particular features of Swedish political culture.[6] Nevertheless, I believe that postmaterialistic values are important in shaping recent Swedish social welfare policy.

A Note on Methods

Inglehart and others following in his footsteps have sought to verify their ideas about value changes by asking questions concerning attitudes. This survey research has been a valuable tool, leading to many useful insights. But it also leads to endless debates about the strength of the attitudes measured. Political scientists have a strong interest in understanding which values people hold regardless of the impact these values have on policy. But policy analysts might prefer a stricter standard: value change is interesting and important when it leads to a change in political behavior or policy. In this article I examine changes in social welfare policy in Sweden to determine which values are motivating the changes.

Inglehart lists the values in the postmaterialistic cluster: "people should have more say on the job," "we should strive for a less impersonal society," "people should have more say in government," "ideas are more important than money," and "freedom of speech should be

protected." These are contrasted with such materialist values as: "making sure that the country's defense forces are strong," "maintaining order," "maintaining a high rate of economic growth," and "maintaining a stable economy."[7]

If postmaterialists are having an effect in Sweden, one basic behavioral difference we should be able to see is that the number of votes for a party or parties representing postmaterialist views has increased. We can also predict what the policy effects of the above values might be. One of the basic differences between postmaterialist and materialist values is that the former are concerned with "life-style," while the latter deal with economic security.[8] Although this is not his main concern, Inglehart notes a few policy implications of having increasing numbers of postmaterialist citizens in a country. Postmaterialism should lead to pressure for a more decentralized and debureaucratized system with more opportunities for meaningful contributions to decision making by interested members of the public.[9] Further, Inglehart posits that postmaterialistic values are held mainly by the middle class. The middle class thus becomes a source of change within a society as it struggles against predominant materialistic values. Postmaterialists tend to support parties on the left, especially "new left" parties.[10] Working-class citizens, who have not grown up with the same degree of economic security as the middle class, are likely to support parties on the right that promise to protect traditional, economic-based values.[11] As we shall see below, all of these predictions of the model except the last have happened. And there is a good explanation for why the reformers in Sweden have not flocked to the parties on the left.

Three Trends in Swedish Politics and Social Welfare Policy

Three closely interrelated trends of importance to the political context of Swedish social welfare policy have become clear in the last 10 years. These are the decreasing strength of the socialist block, which implemented and maintains the social welfare system in local and national politics, the continuing budget "crisis" at the national level, and the movement toward privatization of services.

Voting and Public Opinion Trends

The results of national elections since the early 1970s (tables 1 and 2) show great change from the stable political system that allowed the Social Democrats to craft a cradle-to-grave welfare society over the course of a 44-year tenure in office. Table 1 shows how the socialist block of parties (the Social Democratic and the Communist parties) declined in popularity and now have recovered to win just over half

Table 1

VOTING PERCENTAGES FOR THE TWO BLOCKS AND OTHER PARTIES IN SWEDISH PARLIAMENTARY ELECTIONS, 1970–85

VOTING BLOCK	1970	1973	1976	1979	1982	1985	1987
	YEAR						
Nonsocialists (Conservative, Center, and Liberal	47.6	48.8	50 8	49 0	45 0	45.5	44 4
Socialists (Social Democrats and Communists)	50.1	48 9	47.5	48.8	51 2	50 5	46 3
All others	2.3	2.3	1.8	2.2	3 8	4.0	9.3

SOURCES.—Statistiska Centralbyran, *Statistical Abstract of Sweden*, various years, 1987 figures are not election results but are public opinion results reported in *Dagens Nyheter* (July 5, 1987).
NOTE.—Totals do not always add to 100 0% due to rounding

of the votes. Parties in the "All others" row have grown and are becoming very important in explaining the near deadlock between the traditional blocks of Swedish politics. Table 2 breaks down the coalition voting percentages so that we can see the considerable changes in voting patterns for each party.

While the percentage changes in table 1 do not look large by American standards, we must remember that Swedish voters are remarkably resistant to changing political affiliation. "In Sweden a smaller percentage of people change party allegiance than in perhaps any other Western democracy. Only about 5% of voters moved from one block (socialist or non-socialist) to the other [in the 1982 election]."[12]

This historical pattern of stability in the electorate is changing, however, leading to more frequent changes in majority control of gov-

Table 2

RESULTS IN SWEDISH PARLIAMENTARY ELECTIONS, BY PARTY, 1970–85

YEAR	Conservative	Center	Liberal	Social Democrat	Communist	Other
	% OF TOTAL VOTE					
1970	11 5	19 9	16 2	45 3	4 8	2 3
1973	14.3	25 1	9.4	43.6	5 3	2.3
1976 .	15.6	24.1	11.1	42.7	4 8	1.8
1979	20.3	18.1	10.6	43.2	5 6	2.2
1982	23 6	15 5	5 9	45.6	5.6	3.8
1985 . .	21.3	9.9	14 3	45.1	5 4	4.0
1987	17.7	9.8	16.9	41.9	4.4	9.3

SOURCE.—Statistiska Centralbyran, *Statistical Abstract of Sweden*, various years, 1987 figures are not election results but are public opinion poll results reported in *Dagens Nyheter* (July 5, 1987).

ernment at all levels: "Voters are changing parties more often. . . . Even Social Democrats are splitting their votes between different parties more often in Parliamentary, county and local elections. Fewer and fewer are voting according to class lines, and more are voting according to their own views."[13] The information in table 2 shows some wild swings in voter appeal of the right-wing parties, a steady-state situation for the Social Democrats, and a slight improvement for the Communists.

Parties in the "Other" column have made stronger showings in the last two national elections. The Environmental party polled 1.8 percent in its first election in 1982 and 1.3 percent in 1985. Another minor party, which has existed for more than 20 years, is the Christian Democratic party (KDS). It gathered 1.9 percent of the votes in 1982 and 2.6 percent of the votes in 1985. Because of a requirement that parties must receive 4% of all votes before they are entitled to representatives in the Parliament, neither party was close to sending party members to Parliament after the 1985 election.[14] Voting for these parties has increased, however, and public support is increasing, especially for the Environmental (Green) party, as shown by recent opinion polls in which it was declared the best party by over 9 percent of those asked.[15]

Voter behavior at the local level is changing too. The Social Democrats are losing ground in fast-growing cities and suburbs, while their bases of support—rural areas—are being depopulated. Despite winning back the Parliament in 1982 and retaining it in 1985, the Social Democrats lost majority control (often held in coalition with the Communists) in 22 municipalities in the 1985 election, including the large cities of Gothenberg and Malmo. Stockholm is also controlled by a nonsocialist coalition since a change in a small party's support ousted the Social Democrats in the fall of 1986. The established nonsocialist parties are picking up some of the votes lost by the Social Democrats, of course, but not all of them. Many are going to local parties that swing their votes from the one major coalition to the other according to the issue. Other voters are joining the small, but growing, numbers of nonvoters.

We are living in a time of flux for the Swedish political system. There is a recent pattern of unstable support for the political blocks on the left and right, causing frequent changes in government at the national and local levels, with new parties challenging the old order.

The Continuing Budget Crisis

Swedish voters were warned by the Social Democratic party in the 1976 election that the nonsocialist parties would start to dismantle the welfare system if elected. When elected, however, the nonsocialists were "eager to show that the Social Democrats were wrong when they claimed that the welfare state would be wrecked."[16] While not cutting

back, the right-wing coalition government did not extend the welfare state, either, citing budgetary constraints. With minor variations, the government asserted in its budget bills for the next 3 years that "the social expenditures proposal, despite the strong restraint which the social-economic and government finance situations demand, is characterized by a maintenance of the standard which is a part of Swedish social policy activities. Efforts to keep watch on basic security for all groups and generations stand in the center of the Government's policy. The economic situation has, however, not provided room for any new reform efforts."[17]

In the budgets presented in the legislature for fiscal years 1980–83, however, there was room for "certain new reform efforts." Despite these efforts by the conservative coalition to show that they respected the social welfare system, the Social Democrats, on their return to power in 1982, were not satisfied. In their budget proposal they declared: "One of the most important responsibilities of the new Social Democratic government has been to reinforce social security for the elderly, the handicapped, the sick, and families with children."[18] The same document on the same page states, however, "The serious social-economic situation makes it necessary to restrict the increase in the government's expenditures and provides no room for social reforms. The work must be directed, instead, to protect the social standard which has been reached and to make improvements through reprioritizations." Similar pronouncements have come in every budget proposal since.[19] The size of the government and its degree of centralization have become political issues in the last decade, with calls for fewer workers on the government payroll. In response, the Social Democratic government moved the central offices of a few of its departments to cities outside of Stockholm. This decentralization of location has done little to decentralize decision making, however. Employment figures do not show any decrease in numbers of government workers either.

I am not suggesting that the budget documents contain smoke screens for an unwillingness to expand welfare programs. Sweden has been and is in a difficult situation economically, although it has recently been considered an economic success story by many economists.[20] After the 1979 reelection of the nonsocialists, the budget became an important political issue. The budget deficit had increased from 1 to over 10 percent of Sweden's Gross Domestic Product between 1976 and 1979. Economic problems continue, although the budget deficit has been reduced significantly from a high of 86.6 billion Swedish Crowns (SEK) in 1982 (13.9% of the GNP) to 63.5 billion SEK in 1985 (7.2% of the GNP).[21] Nevertheless, as Premfors states: "It seems safe to predict that budget deficits will continue to occupy the center stage of Swedish politics for some considerable time."[22]

Sweden's weak economic performance has been attributed to many sources, but it is clear that some factors beyond the government's power have been at work. Currency fluctuations, changes in the price of oil and minerals, the flood of low-cost steel from Oriental suppliers, and so on have all left their mark. But the simple reluctance of the Swedish people to pay higher taxes while still desiring the services that government provides has also played a part.

Privatization

The increased instability in the national Parliament, the decreased strength of the left at the local level, and the budget situation have significantly influenced social welfare policy. The welfare system as a whole is certainly still highly valued by Swedish voters. But there are clear signs of willingness to experiment with more market-based approaches to social welfare services, in direct contradiction to traditional Social Democratic ideology. "Non-socialist politicians are now attempting to privatize more and more in municipalities and counties."[23] Examples are common at the local level. The Social Democratic majority in the Stockholm city council was ousted by a coalition of the traditional conservative parties and a local party (the Stockholm party). The new coalition found common ground in initiating private day-care in Stockholm, letting some parts of local medical care for pensioners become for-profit, privatization of cleaning jobs in schools and social welfare offices, decreasing youth employment funds, and stopping a proposed tax increase.[24] Stockholm County has privatized a public health clinic, mammography, and ambulance services, and allowed private doctors to take over another health clinic. Humana Europa Klinik has opened a private hospital in Stockholm for less serious operations and emergencies.[25] The city of Malmo, controlled by members of the Conservative party only since the 1985 elections, has stopped building municipal day-care, preferring to allow day-care centers to be started by private organizations, companies, and parents. A vaccination center was turned over to a for-profit company, more private doctors were given permission to operate, and the municipality was soon to allow a large number of new private-care homes.[26] The city of Uppsala allowed a private security company to start a "sobriety installation" for alcoholics to "dry out," where the personnel are guards instead of county and municipal nurses and social workers.[27]

Social Democrats are officially against this trend. The party's position is that no one should make a profit on the care of the elderly and young or on health care. Service should be the same for everyone—there should be no division into a privileged class with a high level of privately purchased service and a deprived group that must use public facilities. Nevertheless, "More and more Social Democratic municipal

politicians are speaking about the advantages of private enterprise, cooperatives and cooperation with businesses."[28]

Relating the Trends to Postmaterialism

We have just seen that there are three important trends occurring within Swedish social welfare: a shifting political philosophy, reflected in large changes in voter preferences for the national Parliament and decay of support for the major leftist party at the local level; a continuing lack of funding for new welfare policy initiatives; and a move toward private provision of formerly governmental duties. Let us now relate these trends to each other and to the postmaterialist thesis.

These phenomena are interrelated in the following ways: budgetary difficulties, which began in the early 1970s, helped focus dissatisfaction on the Social Democrats and provided support for experiments in cost containment by the newly empowered nonsocialists.[29] The party furthest on the right now offers ideas such as "privatization" and "greater individual freedom of choice," which decrease governmental costs. This is striking a responsive chord among many voters, adding to the party's support. This new support is increasing the respectability of the proposals, which until recently were seen as a bit extreme by a large number of Swedish voters. The Liberal party, for example, since the 1982 election, has also started championing proposals for more freedom of choice. Part of its recovery at the ballot box (14.3% in 1985, compared with 5.9% of the votes in 1982) is attributed to it being a more acceptable proponent of policy changes for privatization, even though the Conservatives stated many of the same ideas.

While this could be merely a normal shift in public opinion from left to right, the increasing support for small and new parties such as the Environmental party complicates the analysis. This indicates that a shift in values is going on in Sweden, and public opinion polls indicate that the values are new to the political scene, not just a change from leftist to rightist ideology.

But are these changes related to the rise of postmaterialistic values? I believe so. First, new types of issues are appearing in opinion polls as being the most important issues for the government to address. These issues cut across the traditional left-right continuum. Boalt, for example, conducted opinion polls in which over one-quarter of the respondents stated that there was a "strong" or a "very strong" need for a new party.[30] The top three demands for the new party by these voters were: (1) effective measures against environmental destruction, (2) effective measures against narcotics, and (3) effective measures against tax evasion. Because of the life-style nature of these issues, it is not easy to place them on the conventional left-right continuum.[31]

Second, the parties raising the issues most related to postmaterialist values are growing stronger. Calls for greater freedom of choice in services and smaller-scale government are touted by the Liberal, the Conservative, and the Environmental parties, exactly the ones that have improved their opinion ratings most since the early 1970s. Furthermore, these parties have the strongest support among youth.[32]

Three Surprising Outcomes

So far, the evidence has supported Inglehart's position convincingly. Changes in political behavior have been shown to be based on the same type of values that Inglehart calls postmaterialist. Three aspects of the Swedish situation are surprising, however.

First, Inglehart has concluded that middle-class postmaterialistic voters would tend to support parties on the left, as these parties are more reform minded.[33] The decrease in support for the Swedish Social Democrats at the local level seems to contradict this conclusion. How can Sweden be considered a country showing postmaterialist tendencies when it is the parties on the right (or unaligned, such as the Environmental party) that are improving their positions? In the Swedish case it is the parties on the right that provide a sense of reform because the Social Democrats were in power continuously for 44 years, from 1932 until 1976. During this time, Swedish society became more centralized, more bureaucratized, and less amenable to individual political initiatives, all attributes shunned by voters with postmaterialistic values. The Social Democratic party has been labeled "the Cement party," partly because of its preoccupation with economic growth at almost any cost and its paving of green areas and partly for its imperviousness to change in outlook.

The second surprise relates to the appeal of privatization. In the United States, devolving governmental programs is almost always argued as a way to cut costs. When presented this way, privatization seems more a materialist, economic issue than a postmaterialist, life-style issue. While privatization is also presented as a budget saver in Sweden, there seems little doubt that at least part of the appeal of privatization is connected with the postmaterialistic value of having more say in one's life. After always being forced to use low-fee (but high-quality) public-run clinics or else pay considerable fees at private institutions, being allowed to choose from nongovernmental providers while paying low fees can seem like a big improvement.

A third surprising outcome is that the results of the trends in Sweden have led to government programs with less to offer citizens, except in the field of health care. The effects of postmaterialist values on social welfare policy have been higher user fees, lower benefit levels in some programs, less development of government services, and more

private provision of medical services. While this is primarily true a the local level, it is at the local level that many social welfare service are provided and purchased in Sweden.

Conclusion

This analysis of changes in Swedish welfare policy relies heavily o the assumption that changes in public opinion have been translate into changes in policy. It would be simplifying issues too much t believe that all the changes that have happened in the last 10 year are due to any one cause. Some aspects of the situation are explaine by other factors, including those beyond the control of either th government or the electorate. Choices of policy exist within a smal range of possibilities, and changes are largely incremental. Governmenta leaders cannot start over or pretend that the current laws and policie do not exist. Furthermore, voter desires are only imperfectly translate into policy by government. Nevertheless, postmaterialism has bee shown to be an important factor in Sweden's political and social welfar policy changes. New local political parties are stressing close-to-hom activism, traditional political parties are changing platforms to emphasiz new value orientations, and social welfare policy shifts are in the directio of such postmaterialistic demands as greater freedom of choice.

It has not been the purpose of this article to examine America social welfare policy or to test the implications of Inglehart's theor in the United States. However, the technique of looking at polic changes to test the degree of postmaterialist influence should be a useful in America as in Sweden. This article shows the need to loo beyond the proximate causes of policy change. Even broad trend such as governmental privatization and shifts in public support fron one set of political parties to another may have more fundamenta causes than the actions of popular leaders and powerful interest group or the inaction of an apathetic electorate. Too often social welfar analysts follow a narrow case-study approach in examining social welfar policy changes. Looking only at the immediate causes of shifts in law and regulations ignores long-term processes that are at work.

It is interesting to note that some of the policy positions taken b the extreme right wing of American politics seem to be similar to thos taken by postmaterialists in Sweden, a far more liberal country politicall Inglehart argues that the United States is also undergoing a "silen revolution."[34] Using his ideas on postmaterialism and the experience of other countries as starting points, we can hypothesize what th emerging values in our country will be. For example, the value, "peopl should have more say in government," seems to be becoming increasingl important in the United States. A couple of scraps of evidence poin in this direction: voting turnout was slightly higher in 1984 than i

1980, ending a decline in presidential election turnout that began 1960, and registration efforts are successfully bringing many new vote to the polls for congressional and presidential primary elections. Electe officials will respond to emerging values such as this as policies a changed in the coming years. If social workers wish to be influenti in shaping reforms, they will need to fashion approaches to soci welfare that are congruent with the new values of the American publi

Notes

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2. Inglehart, 1971, 1977, 1981, Inglehart and Rabier, 1986

3. Inglehart, 1971, 1977, 1981; Inglehart and Rabier, 1986

4 For a listing of references up to 1980, see Inglehart, 1981, pp. 880–90 For mo recent literature, a partial listing can be found in Inglehart, 1981, p 460, n. 4.

5 For a short review of studies that do not support Inglehart, see Ivor Crew, "I troduction. Electoral Change in Western Democracies: A Framework for Analysis," *Electrical Change in Western Democracies: Pattens and Sources of Electoral Volatility*, ed. Iv Crew and David Denver (London: Croom Helm, 1985), pp. 5–8.

6. Richard Hoefer, "Recent Changes in Swedish Politics· Post-materialism at Work (unpublished manuscript, University of Michigan, 1987).

7. Inglehart, 1977, pp. 40–41.

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9 Ibid., p. 240.

10. "New left" parties are reform-oriented parties "distinguished by an emphasis ‹ the self-development of the individual—even, if necessary, at the cost of further econom expansion " Ibid.

11. Ibid., p. 183.

12 Stig Hadenius, *Swedish Politics during the 20th Century* (Stockholm: Swedish Institu 1985), p 185.

13 *Dagens Nyheter* (November 30, 1986).

14. The Christian Democratic party operated in a loose confederation with the cent party in 1985, pooling the two parties' results In this way, there is now one memb of Parliament from that party, although he is formally listed with the Center party.

15. *Dagens Nyheter* (July 5, 1987).

16. Hadenius, p. 146.

17. Swedish Parliament, *Regeringens Proposition, 1977/78 100, Bilaga 8* (Stockhol Miniab/Gotab, 1978), p 1.

18. Swedish Parliament, *Regeringens Proposition, 1982/83 100, Bilaga 7* (Stockhol Miniab/Gotab, 1983), p. 1.

19. In fact, one has to go back to the last Social Democratic budget proposal befo they lost power in 1976 to find a mention of expanding the welfare system. Swedi Parliament, *Regeringens Proposition, 1975/76.100, Bilaga 7* (Stockholm, Miniab/Gota 1976), p. 1.

20. *Dagens Nyheter* (June 11, 1987)
21. Sven Olsson, "The Crisis of and Prospects for the Swedish Welfare State" (paper presented at the Haifa International Study Group Conference on The Welfare State in Transition, Haifa University, June 14–20, 1985), p. 5
22 Rune Premfors, "Coping with Budget Deficits in Sweden," *Scandinavian Political Studies* 7 (1984): 261–84.
23. *Dagens Nyheter* (November 11, 1986).
24. *Dagens Nyheter* (November 26, 1986)
25 *Dagens Nyheter* (December 18, 1986)
26 *Dagens Nyheter* (November 9, 1986).
27. *Dagens Nyheter* (November 26, 1986)
28 *Dagens Nyheter* (November 30, 1986).
29. The conservative coalition lost its majority in 1982, but this was due more to internal battles than a new wave of popularity for the Social Democratic party's proposals For more detail, see Olsson.
30 Gunnar Boalt, *Vad Vill Valjarna Asiktsforskjutningarna, 1979–1983* (Stockholm Almqvist & Wiksell, 1985), pp. 47–49
31. It should be noted for readers unfamiliar with Swedish politics that these last two issues, narcotics control and decreasing tax evasion, are not seen as "law and order" issues, which would make them materialistic issues
32. *Dagens Nyheter* (July 5, 1987)
33 Inglehart, 1977
34 Inglehart, 1977, 1981

The Current Status of Community Action Agencies in Connecticut

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This study of community action agencies (CAAs) in Connecticut provides a historical analysis of the agencies and raises the issues of community control and self-help strategies as effective remedies for poverty. As CAAs have evolved, they have changed into organizations that combine local, state, and federal initiatives, in-kind and income programs, and universal programs, as well as programs targeted specifically for the poor. As nonprofit agencies, CAAs are unique because all of their strategies have been directed toward maintaining, to the degree possible, the original mission of the Economic Opportunity Act—to help the poor achieve empowerment and self-sufficiency. Although the accomplishments of the CAAs are inconclusive, the ability of CAAs to survive is based on the special relationships these agencies have developed with local and state governments, the business community, and the poor.

The Economic Opportunity Act

In 1964, President Lyndon B. Johnson signed the Economic Opportunity Act (P.L. 88-452) which created the Office of Economic Opportunity (OEO).[1] This action officially marked the beginning of the federal government's "War on Poverty."[2] From its inception, the program was a source of hope, a target for criticism, and an arena for controversy. Not only did the legislation have the ambitious goal of eliminating poverty nationally, it hoped to achieve this goal through provisions, programs, and structures that were considered unorthodox. Although

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the legislation passed with relatively little opposition, once it was implemented, conflict began to mount almost immediately, precipitated primarily by the mayors of several large cities.[3] As the nation struggled with the civil rights movement and urban unrest, the Economic Opportunity Act (EOA) was attacked from both the political right and left.[4]

There were two provisions of the EOA that were most controversial: (1) the creation of new nonprofit community action agencies (CAAs) that would receive funds directly from the federal government, circumventing established local and state governments, and (2) the expectation that the self-sufficiency of the poor could best be achieved through "maximum feasible participation" of the affected populations in the planning, development, and operation of programs to meet their own needs.

The CAAs were designed to mobilize resources and deliver services to poor people with community control of these resources and services.[5] This self-help strategy was based on the principles of opportunity and competition for the goods and services of society. Thus, from the beginning, CAAs were expected to combine social service and social action perspectives. Although not explicitly stated, urban blacks were encouraged to challenge the existing power structure and demand resources that had previously been denied. While local governments wanted to curb community unrest and cities needed the federal dollars that were available, the loss of established power was an unwelcomed possibility. Thus, a relatively small amount of money created enormous conflict because community control and the potential for redistribution of power on the local level were involved.[6]

Almost every year after the passage of the EOA there were amendments to the legislation.[7] Programs were added and later dispersed to other federal agencies, reflecting the competition among government bureaucracies and negative attitudes toward the OEO. The CAAs were expected to initiate demonstration projects and hand them off to other established agencies, thereby limiting the power and control of CAAs. The size of municipal contributions to the program underwent several changes. Although the second-year budget for the OEO was nearly twice that of the first year, by 1967 federal debate was so intense that it looked as if the EOA would have been killed if a viable alternative had been available at the time.[8] Instead, a compromise, the so-called Green amendment, was passed. This legislation intended to further reduce the autonomy of CAAs and limit community control. It required that CAAs be designated by state or local government, gave state and local elected officials the authority to prevent a CAA from operating within their political boundaries, and enabled local communities and states to operate CAAs. Additionally, the Green amendment mandated that CAAs establish a tripartite board of directors composed one-third

of local elected officials or their representatives, at least one-third c democratically elected representatives of the poor in the areas servec and the remainder representatives of labor, religious, business, o other major organizations in the community.[9] While this provision c the legislation provided the opportunity for different sectors of th community to begin to communicate with each other, communit control was again undermined.

Although a General Accounting Office study in 1969 was only mildl critical of the OEO,[10] horror stories about waste and fraud in th agency were abundant. "National emphasis" programs were introduce by the OEO without local initiative, and the war in Vietnam was costin billions of dollars and detracting from the War on Poverty.[11]

In 1971, the OEO was funded by a continuing resolution followin President Nixon's veto of the Economic Opportunity amendment: After his landslide victory in 1972, Nixon made clear his intention t dismantle the OEO when he requested no further funding for th agency in his fiscal year 1974 budget message to Congress. Afte several lawsuits protecting the OEO were won, the agency continue to exist but at drastically reduced funding levels.[12] Finally, on Januar 4, 1975, the OEO was abolished and was replaced with a new inde pendent agency, the Community Services Administration (CSA). Thi transition officially shifted the emphasis of CAAs from social actio to the provision of social services.

Between 1975 and 1980 there were a series of congressional inves tigations and General Accounting Office reports about the effectivenes and efficiency of the CSA. And in 1981, after the election of Presiden Reagan and the passage of the Omnibus Budget Reconciliation Ac of 1981 (P.L. 97-35), the CSA was abolished as a separate feder agency, and the Office of Community Services took its place withi the Department of Health and Human Services (HHS). Consisten with the intent of "New Federalism," CAAs were funded through th Community Services Block Grant (CSBG) allocated to each state. Thi marked the end of direct federal funding of CAAs.

As a result of the Reagan administration's desire to curtail the rol of the federal government in social programs and its concurrent negativ attitudes toward the poor, the CAAs in Connecticut began to develo strategies to stabilize their existence on the state level. In a numbe of states, including Connecticut, CAAs strongly lobbied their stat governments for financial support. On May 6, 1982, the governor o Connecticut, William A. O'Neill, signed into law An Act Concernin Community Action Agencies (P.A. 82-84). This legislative action o the state level was crucial to the survival of the CAAs.[13] The stat legislation largely adopted the language of the preexisting feder legislation and CAAs remained relatively intact.

The reduction in federal funding that occurred in 1975 continue its downward spiral into 1981. However, the introduction of the Low

Income Home Energy Assistance Program, which was funded at $1.8 billion in the first year, provided additional income for the CAAs.[14] This program quickly became the largest funding source for the agencies.[15] As a federal initiative, rather than a locally developed program, Energy Assistance had a major impact on subsequent CAA programs and activities. The Human Services Reauthorization Act of 1984 (P.L. 98-558) continued CSBG funding at slightly above the 1981 level, and the 1986 amendments to this legislation (P.L. 99-425) extended Head Start, Low-Income Home Energy Assistance, and the CSBG through 1990. The Office of Community Services was placed under the Family Support Administration within HHS. During this period, CAAs in Connecticut also received additional funding from the Social Services Block Grant (SSBG) and the state, particularly for supplementary energy assistance and child-care programs.

Although there was a great deal written about the Economic Opportunity Act during the 1960s and 1970s, there has been relatively little written about the legislation and its programs during the current decade.[16] In the last 7 years of conservatism in government, CAAs have received little public attention. This may be due to a general decline in consciousness about the poor. Additionally, because of the many changes that have occurred in the original OEO legislation, CAAs no longer pose the threat to established power that was once envisioned. Nonetheless, CAAs continue to exist and are an important source of social services for the poor. Although this is not true nationally, at least on the state level in Connecticut CAAs have experienced a period of stability and growth.

In addition to little current information about CAAs, there are many questions and issues about the performance of these agencies that remain unresolved from the past. For example, there is no consensus about the effectiveness of CAAs in enhancing empowerment and self-sufficiency of the poor. Nor is there agreement about the effectiveness of self-help and local control as strategies for eliminating poverty at its roots. Thus, for social policy reasons and to contribute to the poverty debate in the 1980s and beyond, this study of the current status of CAAs in Connecticut was undertaken.

Methodology

There are 14 community action agencies in Connecticut. During the spring and summer of 1987, interviews were conducted with the directors (or in two cases with their assistants) of all of the CAAs in the state. The interviewer asked the respondents to reflect on changes that had taken place in their agency that they were aware of from its inception until the present. In all but two agencies, respondents had firsthand knowledge of their organization (or other CAAs) either as paid staff or as board members for at least 10 years. Many had worked in the

organization since it started and had risen through the ranks from community worker to agency director.

The interview focused on a wide range of change issues. This article concentrates on funding, staff composition and functions, board composition and functions, services and programs, target populations, and social action. Respondents were also asked to compare their agencies with other nonprofits at the present time and to consider the future directions and goals of their organizations.

Findings

In general, directors indicated that there have been three major changes in their agencies that they were aware of: more and different kinds of staff, funds, and programs; a reduction in militancy and social action; and an increase in professionalism in staff and accountability to funding sources. In analyzing the findings of the research, a number of related changes also emerge. While local initiatives continue in a limited way, federal initiatives represent the largest source of funds. A combination of in-kind and income programs are provided. And CAAs provide universal programs, as well as programs designed specifically for the inner-city poor. The original intention of the EOA to eliminate poverty occurs primarily as individuals are helped, rather than on the community level, and maximum participation of the poor is not a pressing issue, although CAAs maintain close ties to their communities.

Funding

The funding pattern for CAAs shows a major decrease in core federal funding after 1972. However, special allocations for Head Start and Low-Income Home Energy Assistance provide additional revenues for most of the agencies. In a mixed economy of state and other funding, the Office of Community Services is still the largest funding source. Not all CAAs have grown at the same rate or in the same directions, and growth has depended on the initiative of agency directors. Some directors feel discouraged about the lack of discretionary funds, the rigidity of programming, and the lack of sufficient funds for administrative purposes. However, others who are more entrepreneurial have expanded into revenue-producing operations and receive funding from a large number of state agencies, as well as the United Way and other private donors. This gives directors more flexibility for program development and spending. Several agencies engage in energy conservation programs for profit, such as weatherization, and two of the CAAs own the building in which they are located and rent space to other organizations. In general, directors who depend most exclusively

on federal funds have fewer innovative programs and less local participation than directors who have a variety of funding sources and programs, many of which are local initiatives.

At the beginning, the OEO was providing 90 percent of funding for CAAs nationally. But by fiscal year 1975, federal funds represented only 52 percent of total CAA funds in Connecticut, of which only 21 percent came from the Community Services Administration.[17] In 1986, federal funding (excluding SSBG funds to CAAs) accounted for 69 percent of CAA funds in Connecticut, with a range from 62.3 to 87.5 percent of total funding.[18] Community Service Administration funds increased from $16.5 million in 1975 to $56.9 million in 1986 in Connecticut. Currently, the smallest CAA in Connecticut has a budget of $2.1 million and the largest has a budget of $13.6 million from a variety of funding sources.

Staff Functions and Composition

The largest CAA in Connecticut has a full- and part-time staff of 300. About 200 volunteers assist primarily with nutrition programs for the elderly. The total number of CAA staff has fluctuated greatly as programs have been phased in and out and transferred to other agencies. Generally, CAAs have more staff now than earlier, and they perform different functions as programs change. Although CAA staff are likely to be more racially mixed than previously, the agencies have consistently provided opportunity for employment of minorities. Today, however, there is an emphasis on professionalism within CAAs, and agency directors generally seek staff with formal educational credentials for management-level positions. While there is continued employment of area residents, and for some CAAs this is a priority, employment of indigenous staff is likely to be in entry-level jobs where there is only limited opportunity for mobility within the organization. Several directors noted that it is increasingly difficult to recruit indigenous people for entry-level positions because the pay is so low.

Board Functions and Composition

The tripartite system of board composition (with a minimum of 15 and a maximum of 51 members) was maintained under the 1982 state legislation in Connecticut. Agency boards generally operate with a committee structure and perform traditional policy-setting and fund-raising activities. Several agency directors commented on the in-kind help they receive from the corporate community in fund-raising and establishing financial procedures. Some noted a decline in community interest in board membership, while others noted an increase in activism and minority participation, particularly among Hispanics. One of the

directors stated that a strong administrator was more important th: a strong board.

Services and Programs

The core programs of the OEO at its inception were education aı employment. However, most of these programs were later transferr to the Comprehensive Employment and Training Administration aı more recently to the Job Training Partnership Administration with the Department of Labor. Programs such as Head Start, Upwa Bound, VISTA, Job Corps, Legal Services, neighborhood family pla ning and health clinics, and alcohol and drug counseling are some the programs that have been included and then excluded as the politi climate of the nation has changed. Some programs have been complete eliminated or separated from the CAAs. Others have become delega agencies—that is, independent agencies who contract with the CA for funds.

There are currently a number of programs that are operated by of the 14 CAAs. These include: (1) the Connecticut Energy Assistan Program, which is funded by the federal Energy Assistance Blo Grant and accounts for 32 percent of the total CAA budget in Co necticut; (2) the State Appropriated Fuel Assistance program, whi serves the elderly and disabled and is state funded (this progra accounts for less than 3% of the budget); (3) weatherization, which federally and state funded and accounts for 8 percent of the budg and (4) the Surplus Commodities Program, which is federally funde Thirteen agencies administer Head Start, which is mainly federal funded and comprises 13 percent of the budget; 12 agencies opera Summer Youth Employment and Community Neighborhood Servi Programs; and 11 provide services through child day-care program Nutrition programs for the elderly are operated by eight agencie These nine programs constitute more than 77 percent of the CA budgets in Connecticut.[19]

In addition to these programs, CAAs administer a wide variety other programs, such as emergency fuel banks and energy outreac health services and the Women, Infants, and Children nutrition pr gram; and programs for the elderly, including transportation, meal on-wheels, and on-site feeding programs. Twelve emergency shelte are operated by six CAAs. Some of the programs continue to participa in the federal Job Corps.

A number of agency directors commented on the shift from advoca to service delivery. Energy assistance, in particular, is singled out as program over which the agency has little control or discretion ar where the agency functions primarily as a conduit for funds. Althoug

there is little community initiative in this program, the energy assistance program plays an important supplementary income role for clients.

Target Populations

At the beginning, the major focus of the OEO was on black, inner-city youth. Today, in Connecticut, all of the CAAs are regional except for one. Thus, the 20 urban CAAs in 1969 have now been reduced to 14, 13 of which are regional, serving urban, suburban, and rural populations. This has had a major impact on the target populations, particularly increasing the number of nonminority people who are served. In addition, a recognition that poverty levels in the nation are set too low has resulted in the relaxation of eligibility requirements for most services so that currently a larger number of poor and near-poor people are served.[20] These changes have reduced the proportion of service to inner-city minorities, but they have increased the political base of the CAAs and made the programs of the agencies more universal and acceptable to public officials and the general community.

The elderly are now the largest recipients of service. They are the largest users of the surplus commodities program, energy assistance and weatherization programs, nutrition programs, and transportation services. This is partly a result of the regionalization of programs and the increased availability of funding for this target group.

Although unemployed males and youth receive some educational and employment assistance, these groups are no longer the major recipients of services, primarily because funds for these services have been reduced or transferred to other agencies. Women who are single parents, either employed or receiving welfare, have emerged as a growing target group, particularly in relation to child care, and educational and vocational programs for Hispanics have been increasing to some degree. Several directors commented on the high cost of living in their area, the number of homeless people, and the shortage of affordable, adequate housing as a recognized service need.

Social Action

Only one of the CAAs has a formal community organization/social action unit. This agency is also the only one that is operated by the city goverment in which it is located. Almost all of the other agencies engage in social action to some degree through neighborhood centers that were originally the hub of social action.[21] Today there are fewer neighborhood centers because there is less money available for this purpose, and those centers that remain provide primarily social services and advocate for clients on an individual basis. But these centers tend

to employ indigenous staff, and they are closest geographically and ideologically to the sentiments of the affected populations. Thus, they have the potential for mobilizing residents for social action. Most agency directors find confrontational social action unnecessary, however, since public officials are not antagonistic. Some CAAs hold annual public meetings and conduct community needs assessments to receive grassroots input for program development. But this is a far cry from the militancy of an earlier era.

Instead of social action, several directors talked about strategic planning and adapting to changing conditions and the shifting needs of client populations. While this might be interpreted as "opportunistic," these actions can also be viewed as protecting the mission of the agency. Similarly, CAAs engage in national and state lobbying efforts. These activities are considered costly but necessary for the ongoing viability of the agencies.

A Comparison of CAAs and Other Nonprofit Agencies

While some of the directors thought their CAAs were no different than other nonprofit agencies, most thought they were unique, not so much because of the populations the agency served but because of the nature of their agencies. Some of the unique features mentioned include the size of the organization, the multifaceted and comprehensive nature of programs, outreach and involvement in the community, and availability at all hours and in all kinds of crisis situations. Several directors referred to the original mission of the OEO and thought that advocacy and the goals of economic independence and empowerment of the poor set them apart from other nonprofits. As one director stated, "We are in the forefront in the battle against poverty. If there is any chance to break the cycle of poverty, it is the CAAs that will do it." Most directors also feel that their agencies are important to all segments of the community, including state and local government and business. There is an element of pride in being in the "antipoverty business" and doing everything that needs to be done to accomplish these goals.

What about the Future?

There is general sentiment that CAAs are here to stay because they are needed by local and state government and by the business community to serve the poor. In addition, those CAAs with the most assets feel that they are not dependent on the federal government and can accomplish a great deal to help the poor even if federal funding is curtailed.

Several agencies have already moved into profit-making ventures and several more are beginning to explore these opportunities. The

area of housing describes the current strategy of some of the agencies poor people can be helped through collaboration with local official and the business community, while profit can be realized at the sam time.

Conclusions

There are three themes that distinguished CAAs when they wer established and against which they can be evaluated today: the goa of eliminating poverty at its roots, the establishment of nonprofit agencie that would be independent from state or local governments, and th empowerment of citizens through participation in the planning, decisio making, and operation of the community action agencies.

What one believes about the impact of the EOA on poverty in th United States depends on one's position about spending money o the poor. There are those who believe that the program has had n impact on the poor so it is useless to continue spending money in thi way. Others believe that the antipoverty programs increased povert and economic dependence so that continued funding will simply ex acerbate the problem. There is a third group that believes that witl low unemployment poverty no longer exists so that continued fundin for social programs is unnecessary. These are the arguments pro mulgated by conservatives.[22]

In 1973, Donovan challenged the self-help strategy of the antipovert programs when he wrote that "it seems most unlikely that very man of the basic social and economic problems plaguing American societ in the 1970s will be solved from a neighborhood base."[23] And in 1980 the National Advisory Council on Economic Opportunity wrote, "Th evidence shows that poverty is not only still with us, but that it is als increasingly immune to the remedies of the past."[24] Individuals sym pathetic to the poor recognize that the original provisions of the EOA were eliminated many years ago. Thus, it might be said that the origina legislation was never fully tested; or, conversely, it can be argued tha the legislation was tested and came up short as a strategy for eliminatin poverty at its roots.

In reality, today CAAs combine self-help strategies with federal an state initiatives, in-kind with income programs, and universal programs as well as programs designed specifically for the inner-city poor. Th agencies receive funding from federal, state, local, and private sources However, most of the resources of the CAAs are not currently availabl to help the most disadvantaged populations in the inner cities. As th CAA programs have changed and spread from urban to suburba communities with more elderly, more women and children, homeles people, different ethnic groups, the working poor, and more physicall and mentally disabled people in their clientele, CAAs are serving a

wider variety of poverty populations in different ways. Although self-help strategies have their limitations, it is inappropriate to conclude that these strategies are irrelevant to current antipoverty efforts. It can be argued, however, that regionalization and the more universalistic nature of programs has extended the political base of the agencies and helped them survive in an otherwise hostile environment.

In his recent book, Wilson examines the broader issues of social and economic policy and poverty.[25] Many of the questions he raises are pertinent to the arguments about the War on Poverty. He challenges the localism of self-help strategies and emphasizes the need for economic growth and full employment, the need for national redistributive policies and programs, the advantage of universalistic social policy over policies and programs targeted specifically for the poor, the need for education and job training to enhance the employability of inner-city black males, and the need for support services to enhance the self-sufficiency of single-parent, female-headed households. This comprehensive view requires many more changes and is, in fact, more radical and difficult to accomplish than the original self-help, opportunity strategy of the War on Poverty.

All of the CAAs except one continue to operate as independent, nonprofit agencies. However, they are no longer a threat to local government, and collaborative arrangements exist. State government is now the locus of control of CAAs. The withdrawal of the federal government from direct funding is a strategy that reduces the likelihood that CAAs can influence power and redistributive policies on the federal level. But the question remains, given their funding sources: How independent are CAAs?

In 1968, Miller and Riessman[26] provided some insight into this question. These authors observed that CAAs had the distinct function of linking the needs of the poor with the programs of traditional social service agencies while changing traditional agencies in the process. Miller and Riessman viewed CAAs as organizations that functioned inside the established service system but with special relationships to poverty populations. This role was considered a limitation, as well as an opportunity. This analysis of the role of CAAs continues to be relevant today.

It can also be argued that CAAs might not have survived at all if the agencies had not retreated from attacking the established power structures within their communities.[27] Today relations with state and city governments continue to be mutually beneficial. Public officials call on CAAs to help them buffer problems with the poor. This results in an active and stable community role for the agencies. There is little that is adversarial in the relationship between the CAAs, local government, or other elements of the power structure in the cities or state. But agency directors have used confrontational tactics in the

past and they believe that they wield power in their communities in a variety of ways, especially in relation to mobilizing large segments of the population if they need to.

The mandated tripartite board effectively eliminated community control from CAAs. Today, agency boards generally reflect the power structure of their communities, and this provides the opportunity for communication between individuals who represent different interests. To many agency directors, this is a positive change. While some directors lament the passage of activism and consider the lack of community control a major impediment to change, other directors feel they engage in social action when necessary and help the poor to achieve self-sufficiency by negotiating with, rather than confronting, the powers that be. However, most CAA programs are initiated by federal or state legislation, thus denying people the opportunity for empowerment that comes with local-level decision making.

Most people sympathetic to the poor would agree that the antipoverty programs have not eliminated poverty, nor have power and resources been redistributed in society.[28] Thus, if poverty has not been eliminated, community control has been weakened, and CAAs are only quasi-independent, what have been the accomplishments of these agencies?

Although the service orientation of the CAAs focuses on individual rather than group mobility, the agencies have played a major role in providing access to opportunity and leadership, and social and economic mobility for many urban blacks. The CAAs represent a network of social agencies that bring attention to and advocate for the poor.[29] In addition, the agencies augment other poverty efforts, such as income and employment programs. CAAs can also be credited with some of the reduction in poverty that occurred prior to the Reagan Administration.[30]

The CAAs have survived primarily because their continued strategies of advocacy and service for the poor have made them important and dependable in the communities in which they operate. They and other nonprofits have been criticized for "opportunistic" pursuit of funding, but the mission of the other agencies has sometimes changed as often as their programs and funding sources. They are, therefore, unreliable sources of service delivery.

In conclusion, CAAs are very different now than when they were established. Programs tend to be more federal and state than locally initiated, there is less citizen participation and activism, many different groups are served, the agencies provide universal and means-tested programs, and income as well as in-kind services are provided. Yet despite these factors, CAAs are unique in their continued commitment to the original mission of the EOA—to help the poor achieve empowerment and self-sufficiency. Although CAAs in Connecticut are regional, in the urban areas, the agencies continue to be committed

› helping minorities to achieve these goals. This is not accomplished y community control or confrontation but, rather, through efficient ervice delivery and professional relationships with government and usiness. No one envisions the demise of CAAs, probably because no ne really expects poverty to go away in the near future and because AAs are survivors in a mutually beneficial relationship with governent, the business community, and the poor.

lotes

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1 The Economic Opportunity Act of 1964 (P.L. 88-452) established the Office of onomic Opportunity as an independent agency within the executive office of the esident. In the president's message to Congress on March 16, 1964, Johnson called r a national war on poverty The objective was total victory over poverty with legislation at was meant to strike at the causes (and not just the consequences) of being poor owever, the budget for the first year of the program was only $970 million, or 1% the national budget (President Johnson's message to Congress on poverty, March 3, 964, *Poverty in the Affluent Society*, ed. Hanna H. Meissner [New York Harper & Row, 973]) CAAs had to add 10 percent in local contributions.

2 Precursors to the EOA were the Ford Foundation Grey Areas Project and the esident's Committee on Juvenile Delinquency and Youth Crime, which funded such ograms as Mobilization for Youth and Harlem Youth Opportunities Unlimited (HAR-OU) These programs were prototypes for the OEO. See Richard Cloward and Lloyd hlin, *Delinquency and Opportunity. A Theory of Delinquent Gangs* (Glencoe, Ill Free Press, 960), Peter Marris and Martin Rein, *Dilemmas of Social Reform* (New York Atherton, 969), Kenneth B. Clark and Jeannette Hopkins, *A Relevant War against Poverty* (New ork. Harper & Row, 1969)

3 Sar A Levitan, *The Design of Federal Antipoverty Strategy* (Ann Arbor University of ichigan, Institute of Labor and Industrial Relations, March 1967), and *The Great ciety's Poor Law· A New Approach to Poverty* (Baltimore Johns Hopkins Press, 1969), avid J. O'Brien, *Neighborhood Organization and Interest-Group Processes* (Princeton, N J. inceton University Press, 1975), and National Association for Community Development, *Interpretive History of the 1969 Economic Opportunity Act Amendments* (Washington, D.C ACD, 1970).

4 There are those who believed that economic growth and full employment would iminate poverty (see Daniel Patrick Moynihan, *Maximum Feasible Misunderstanding* Iew York Free Press, 1969], and Lowell Gallaway and Richard Vedder, *The Failure the War on Poverty* [National Forum Foundation, September 1985]) However, Walter eller observed in 1963 that even if the economy were to reach full employment, large imbers of the poor (predominantly the aged, the disabled, and families headed by males) would still remain poor (cited in Robert D Plotnick and Felicity Skidmore, *ogress against Poverty A Review of the 1964–1974 Decade* [New York. Academic Press, 75]) These sentiments were echoed more recently by the National Advisory Council ι Economic Opportunity, "Critical Choices for the Eighties," *Clearinghouse Review* ovember 1980), pp. 703–12. Others believed that the program was underfunded d designed to fail O'Brien and Plotnick and Skidmore believed that the lack of empts to alter power within the federal system and the lack of a comprehensive set redistributive policies were major flaws in the program, and Kenneth J. Pollinger d Annette C. Pollinger (*Community Action and the Poor Influence versus Social Control a New York City Community* [New York· Praeger, 1972]) were particularly concerned out the poor being socially controlled. In 1969, Clark and Hopkins wrote, "The mpaign for massive feasible participation by the poor in the antipoverty program ıst now be seen as a charade . It seems apparent that canny political leadership tional and city never intended fundamental social reorganization. The political par-

ticipation by the poor in their own affairs was not to be a serious sharing of power at all" (p. vi). Frances Fox Piven and Richard Cloward (*Regulating the Poor: The Functions of Public Welfare* [New York: Vintage Books, 1971]) generally concurred that the program was another form of manipulation and social control of the poor, particularly the militant poor, but these authors also thought some positive change had occurred Some positive change was also observed by Levitan (see works cited in n. 3 above) and Mark R. Arnold in "The Good War That Might Have Been Won," *New York Times Magazine* (September 29, 1974), p. 56.

5. Title II, Section 202(a)(3) of the Economic Opportunity Act established the community action agencies and articulated the principle of "maximum feasible participation" of "residents of the areas and members of the groups served." The CAAs were expected to coordinate the provision of various services in poverty areas, deliver new services to the poor or old services in new ways, and produce social change by having the poor share in decision making (see Plotnick and Skidmore).

6. Frances Fox Piven, "The Politics and Professionalism of Citizen Participation," in *Citizen Participation*, ed. Edgar S. Cahn and Barry A. Passett (New Jersey: Community Action Training Institute, June 1970), pp 305–20.

7. Karen Spar, *The Community Services Administration: Programs, History and Issues, 1964–1980* (Washington, D.C.: Congressional Research Service, Library of Congress, July 15, 1980)

8. National Association for Community Development (n. 3 above); O'Brien; and Plotnick and Skidmore.

9. Edith Green, Democratic representative from Oregon, formed an anti-OEO coalition with Republicans to get the legislation passed (National Association for Community Development But Levitan (*The Great Society's Poor Law*, p. 67) notes, "Within 8 months after the Green amendment became law, 792 of the 1,018 affected state, county, or city governments took action, and 96.7 percent elected to continue the existing CAAs without change." The tripartite board structure, however, was established and continues today.

10 A GAO study dated March 19, 1969, found CAAs to be successful advocates for the poor and indicated that job-training programs were helpful (National Association for Community Development.

11. John O. Blackburn, "The War in Viet Nam and the 'War' on Poverty," in *Anti-Poverty Programs*, ed. Robinson O. Everett (Dobbs Ferry, N.Y. Oceana Publications, 1966). Nonetheless, Congress appropriated almost $2 billion for all OEO programs in fiscal year 1969, representing the highest appropriation in the history of the program up until that time (see John C. Donovan, *The Politics of Poverty* [New York: Pegasus, 1973])

12. Funding for the OEO started at $970 million in 1964 and went to $1 78 billion in 1965 and nearly $2 billion in 1969 But in 1972, core funding was at $900 million and declined to $440 million in 1975 However, funds for Head Start in 1975 were at $485 million, and this provided additional revenues for some CAAs (*U S Code Congressional and Administrative News*, 86th Cong , 1st sess , 1965, pp. 959–66, 92d Cong., 2d sess , 1972, pp. 794–816; 93d Cong , 2d sess , 1974, pp. 2662–2707)

13. "The State Plan of Action for Connecticut's Fourteen Community Action Agencies and Their Network" (July 1982).

14. Under OBRA, the CSBG received $389 million in 1981, and funding for Head Start was authorized at $950 million which provided additional funding for most CAAs (*U S Code Congressional and Administrative News*, 97th Cong., 1st sess , 1981, pp. 357–933)

15. Connecticut Association for Community Action, *Community Action in Connecticut A Review of Connecticut's Fourteen Community Action Agencies and Their Programs* (Connecticut Association for Community Action, February 1986).

16 See William Julius Wilson, "Cycles of Deprivation and the Underclass Debate," *Social Service Review* 59 (1985): 541–59, for an analysis of reasons for the decline in commentary on poverty and poverty programs.

17. Community Services Administration, *A Summary of Community Action Agency Resources in Connecticut: July 1, 1974–June 30, 1975* (Community Services Administration, Region I, June 1976).

18 Connecticut Association for Community Action.

19. Ibid.
20. National Advisory Council on Economic Opportunity (n. 4 above).
21. John Clayton Thomas, *Between Citizen and City* (Lawrence: University Press o Kansas, 1986).
22. Probably the best known in this regard is Charles Murray, *Losing Ground: American Social Policy, 1950–1980* (New York: Basic, 1984).
23. Donovan (n. 11 above), p. 179.
24. National Advisory Council on Economic Opportunity, p. 704.
25. William Julius Wilson, *The Truly Disadvantaged: The Inner City, the Underclass, and Public Policy* (Chicago: University of Chicago Press, 1987).
26. S. M. Miller and Frank Riessman, *Social Class and Social Policy* (New York: Basic 1968).
27. Arnold, "The Good War," p. 56.
28. Plotnick and Skidmore note that between 1964 and 1974 the number of poo people was reduced and the poverty-income gap was cut substantially. However, a definition of poverty that reflects the degree of inequality in the distribution of income showed no progress at all in reducing the problem of poverty. Despite some increase empowerment of previously disenfranchised groups, the social and economic condition of many blacks, Hispanics, and women may have actually declined in the last 23 years While the poverty rate stood at 14.7 percent in 1966, in 1983, this figure was 15.3 percent and in 1985 had declined to close to the 1966 level at 14.4 percent. The Nationa Advisory Council on Economic Opportunity (n. 4 above) notes, "Poverty has beer minimally reduced since the late 1960's; the improvement that has occurred in the pas decade has resulted almost entirely from the expansion of 'income transfer' and federa anti-poverty programs" (p. 704). Recent economic analysis strongly suggests that a nev class of underemployed and unemployed individuals is developing as the low-paid secto of the service economy expands (Barry Bluestone and Bennett Harrison, *The Deindustrialization of America: Plant Closings, Community Abandonment, and the Dismantling of Basic Industry* [New York: Basic, 1982]). Connecticut is currently experiencing an unemploymen rate that is lower than national figures, and sections of the labor market are experiencing labor shortages, while cities such as New Haven and Hartford are among the poores in the nation.
29. Moynihan (n. 4 above) and Donovan cite the accomplishments of the antipoverty programs but pose the question of how much social reform has been achieved by CAAs This question is raised by many other writers as well.
30. National Advisory Council on Economic Opportunity (n. 4 above); and Sheldon H. Danziger and Daniel H. Weinberg, eds., *Fighting Poverty: What Works and What Doesn'* (Cambridge, Mass.: Harvard University Press, 1986).

Can the Ecological Model Guide Social Work Practice?

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The ecological model holds conceptual appeal to describe how people interact with their environments. However, this model remains too abstract for it to usefully guide practice. Theory and research in the area of social cognition, that is, how people make sense of their surroundings and then respond to what they see, are used to explicate a basic component of the ecological model: that people create niches for themselves from their environments. Using this concept of the niche to operationalize the person-environment interaction, suggestions for assessment and intervention planning can be made.

The ecological model of social work[1] is fast becoming the prevailing model for understanding behavior and for working with individuals. As opposed to other models of behavior used in social work practice that largely depend on ideas current in the allied social and behavioral sciences,[2] the ecological model is one that grows directly out of our profession's dual commitment to the person and to the environment. At the present time, however, this model of practice and human behavior remains at too high a level of abstraction and theory. Social workers who look to the ecological model to inform practice find gaps that cause them to rely on traditional techniques of assessment, intervention, goal setting, and measurement. In this article, research in the area of social cognition will be used to explicate the processes implied by the ecological model. Emphasis is placed on detailing the processes by which individuals create "niches" for themselves within their environment. With this more operationalized view of the niche, we can continue

Social Service Review (September 1988)

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to articulate and empirically test the ecological model for the express purpose of developing social work practice principles. After the niche is described, some implications of it for direct practice are provided.

The Current Level of Theory of the Ecological Model of Social Work Practice

Many social work writers have discussed the person-in-environment in terms of person-environment fit,[3] though writers developing a theory of ecological social work come closest to describing the person-environment interaction as a true process of "dynamic equilibrium" or homeostasis. This ecological view rests on an evolutionary, adaptive view of human beings in continuous transaction with the environment,[4] with the person and the environment continuously changing and accommodating one another. Germain notes that in biology, accommodation is defined not as passive adjustment to a status quo but as the active efforts of an individual over its life span to reach a goodness-of-fit with the environment, thus ensuring development and survival. According to Greif and Lynch, accommodation activities are not simply motivated from a need-reduction model. Instead, organisms are creative and active: they meet their need "intelligently" rather than through immediate gratification or through paths of least resistance.

The accommodation process itself is "an interdependent process which is mediated by the person's internal forces and by forces from the immediate or more remote ecological environments."[5] From this perspective, human beings are viewed as active, goal seeking, and purposive—they make decisions and choices, and take actions, guided by the memory of past experiences and by anticipating future possibilities.[6] These forces are thus organized in a "developmental history of experience," accrued through learning from one's interaction with the environment.

The result of one's accommodation to the environment is the creation of a "niche." In colloquial terms, the niche represents the unique place in which one "fits" into the environment, the workplace, or the community. It is the special place within which one feels comfortable; one has made it "one's own." According to the ecological model, the niche is defined more technically as that portion of the environment with which an individual has contact and upon which he or she is interdependent.

Once established, the niche is said to have attained a state of "homeostasis," or "dynamic equilibrium." Barring abrupt changes in either the person or the environment that would threaten the survival of the whole, the niche maintains itself by adjusting to continual fluctuations of everyday life. Each component of a niche is dependent upon all

others for its survival, and each establishes an intricate relationship to every other component. For the niche to survive, change made in one part necessitates accommodation from all other parts. The niche thus maintains a stable status while remaining in harmony with its surroundings. According to the ecological model, the niche is the smallest and most reasonable "unit" with which to work in practice. It makes no sense, in fact, to think of individuals separate from their immediate environments, or to think of environments separate from the individuals who inhabit them.

This notion of the niche is similar to Lewin's[7] notion of "life space" or "total situation," which is defined by the temporary pattern of all processes in the field, that is, all processes both internal and external to the individual in a given situation. One difference between Lewin's "life space" and the "niche" as described here is that Lewin intended the space to exist momentarily: each life space or total situation was distinct, determined by the pattern of processes caught at a particular time. The notion that the niche exists as a dynamic balance between processes in the person and the environment instead emphasizes the idea that our interactions with our environment reach stability over time.

This description of our interaction with our environment, as offered by the ecological model of social work, is conceptually appealing. All behaviors must be viewed within the person-environment interaction; in fact, "person" and "environment" are themselves inseparable concepts separate from the niche in which both are found. This model describes us actively adapting to our changing environments: we shape our surroundings at the same time as our surroundings shape us. We are seen to create a niche for ourselves based on our unique styles of coping with particular situations as we understand and encounter them. Our specific actions are best understood as our attempts to competently respond to the situations we encounter: we do the best we can given what we know about ourselves and what is needed in the situation.[8]

At the same time, the ecological model is too abstract to produce practice guidelines. For example, what does it really mean for a person to "shape" an environment, to make it "one's own?" Are there limits to how much power one has over his or her surroundings? Are there certain contexts in which the "shaping" takes on specific forms? In fact, Meyer sees this model as more of a value-based theoretical orientation, a "life perspective," than a model of practice per se.[9] More specific description of the processes involved in how we interact with our environment is required before the ecological model can be used to generate practice principles.

Work in the area of social cognition has particular relevance for social workers interested in the ecological model. It offers an explanation

for many of the processes of concern to our profession. In this articl the natural compatibility between social work and social cognition wi be demonstrated by discussing the overlap between the two. Fou major assumptions made by social cognitive theorists will be identifie and discussed.

Four Features of Social Cognition

Social cognition refers to the roles of cognitive, affective, and soci processes in defining personality and in shaping social interactio The individual is seen as an active construer, and at times, distorte of his or her social surroundings. All social situations are seen a exceedingly rich, complex, ambiguous, and in constant flux. This vie maintains, therefore, that we are not presented with objective cues i a situation that inform us how to respond. Rather, different peop pick out different cues, interpret them in different ways, and respon on the basis of their own constructions of a given situation.

Four features characterize the social-cognitive view of human behavio First, social cognition posits that social situations are anomic, or normles situations; that, except in rare circumstances, features of the situatio are not universally perceived and understood so as to provoke simil responses from different people in them. Second, social cognitio posits that behavior is a function of reciprocal determinism, where person is seen as flexibly adapting to an evolving situation while th situation is simultaneously given meaning by the person. One's behavic in a given situation is a result of the person-situation interaction; it not wholly attributable to discrete factors in either the person or th situation. Third, social cognition research demonstrates that there ar discernible patterns to how an individual "reads," or understands, an then plans behaviors in social situations. These patterns are a produ of our social intelligence, the social concepts and information-processin rules we use that are based on our goals, moods, and expertise. Fourtl and finally, because of the inherent anomie of social situations an the social intelligence we apply to make sense of them, we can be see to "construct" the social reality that we live in by responding to schema or constructed cognitive representations, of social situations. Based o the schema activated in the situation, we pick out certain cues by whic to understand the world around us. Each of these four features c social cognition theory will be discussed separately below.

Social Anomie

To Durkheim,[10] anomie was a crisis state in which a society's goa and norms no longer exert social control over its members. In th state, individuals are forced to determine for themselves what goa should be sought and by what means.

The individual's response to social anomie, termed "anomia" by social psychologists,[11] has been explicated by Merton, among others.[12] In his definition, anomie is "a breakdown in the cultural structure, occurring primarily when there is an acute disjunction between the cultural norms and goals and the socially structured capacities of members of the group to act in accord with them." In other words, Merton argues that in specific situations we can be observed to strive to meet socially sanctioned goals, using socially sanctioned means. Thus, it is not the situation, per se, that "tells" us what to do, it is instead the norms of the dominant culture that do so. The corollary assumption, then, is that the situation itself is inherently anomic, in and of itself neither requiring specific responses from individuals nor containing specific goals to accomplish.[13]

Yet, this is not how people typically experience situations. For the most part, we "understand" situations by perceiving the appropriate goals and behaviors required; we feel as if particular situations present us with the cues for how to respond. Social cognition research argues that we have learned to impose a structure onto the situation that directs our attention and dictates a range of behaviors appropriate to the setting. For example, entering a restaurant is an event so familiar and routine in American culture that we can be seen to follow a clear "restaurant script": our actions and decisions are so automatic as to appear functionally unconscious.[14] One can easily imagine, however, that if one were entering a restaurant for the first time, the multitude of unfamiliar sights and sounds present would appear quite chaotic: *Does one stand around at the door or find one's own seat?* What does one do with one's coat? How does one find out what food is available, and then how does one get it? The point is that we learn to pick out the appropriate cues to answer these questions based on our accumulated experience with situations of this type. The cues are never immediately obvious or presented unambiguously in any given situation.

As a last point on this topic, Merton makes clear that his anomie theory is concerned principally with deviant behavior as defined by social norms, not necessarily with criminal or delinquent behavior. When harmony exists between goals and means in society, members conform to the societal structures. When a disjunction exists between the goals and means, however, Merton outlines four styles of adaptation. The first style of adaptation is *innovation*. In this style of behavior, the individual accepts the goals sanctioned by society but rejects the institutional means or norms to achieve the goals. New and sometimes illegitimate modes of attaining goals are thus developed. Examples of innovation in society are numerous; for the socially sanctioned goal of making money, for example, selling drugs can be seen as an innovative means to become rich. A second mode of adaptation is *ritualism*—tenaciously clinging to established means and norms in society while relinquishing the goals related to these means. This adaptation applies,

for example, to the careful but aimless performance of role in bu reaucratic structures. *Retreatism* is the mode of adaptation wherel both norms and goals are substantially abandoned. The "droppir out" of counterculture groups in the 1960s exemplifies this mod Finally, in *rebellion*, the individual is engaged actively to change n only the goals in society but also to try to institutionalize new meai of attaining these new goals. This mode calls for basic changes in th normative social structure.

Thus, depending on the circumstance, anomia and adaptation to can be functional for the individual and for society generally. Whi anomia is a source of painful anxiety, it can also serve as a source fo social and individual change.

Reciprocal Determinism

Social cognition research posits an interaction between person ar situation that defines both. Behavior is seen to be a function of "reciproc determinism,"[15] or "dynamic interactionism,"[16] in which the perso is seen as flexibly adapting to an evolving situation at the same tin that the situation is given meaning by the person.

The literature contains much empirical support for reciprocal de terminism, much of it done in clinical settings. In one such study, clients in assertiveness training programs were asked to categori: assertion vignettes (both positive and negative, randomly presente according to how difficult it would be for them to respond in each the situations. Clients with low assertiveness skills construed assertiv situations in a qualitatively different way than those with high skill All clients said they would respond differently to the situations base on how they understood them, demonstrating the reciprocal influen of cognition and planned behavior. Another study of the reciproc influence of cognition and affect[18] illustrates the kind of informatio phobic individuals extract from stimuli associated with their feare object (in this case, dogs). Overall, phobics had less extensive knowledg structures available with which to describe dogs and other animal and reported significantly more attributes associated with dogs (thoug not other animals) that were affectively negative, as compared to th nonphobics. Size and ferocity were the major descriptive dimensio used by both phobics and nonphobics. However, while nonphobi used both dimensions roughly equally when describing both dogs an other animals, phobics greatly emphasized ferocity over size for the "dog" descriptions, though not for their "other animal" description Thus, distinctive semantic structures greatly influence not only th kind of information culled from a situation but the feelings generate by this information as well.

In theory, the development of these cognitive structures remair true to the reciprocal nature of the person-situation interaction: e

vironmental information is assimilated into the cognitive structure (i.e., we perceive situations in our own idiosyncratic ways) at the same time as the structure accommodates to the environmental input (i.e., we learn from each situation we enter). In fact, however, there is much evidence suggesting that individuals are biased toward theory confirmation:[19] we are stubborn about changing our familiar ways of thinking about and acting in situations and work hard to fulfill our own preconceived hypotheses, even in the face of contradictory information.[20] And, while this bias has been found to be true for our accumulated knowledge about the world in general, these same biases toward confirming and preserving preexisting beliefs are even stronger for our thoughts and feelings about ourselves.[21]

The primary implication of this heavy skew toward cognitive assimilation and conservation, that is, perceiving events as consistent with cognitive expectations so as increase our likelihood of preserving our assumptions and beliefs about ourselves and the world, is that behaviors exhibited in situations should also reflect this skew. We are highly motivated, in other words, to shape social situations in the direction of our prior expectations, by exhibiting behaviors that will elicit responses from others consistent with our expectations. Given the opportunity, then, we will fulfill our self-fulfilling prophecies. The more ambiguous the situation, the more highly motivated we will be to do so.

These findings make some conceptual sense. If one thinks about the relative "weight" or personal investment to be "right" in any single situation as compared to the investment in one's constructed beliefs about oneself and the world, it is clear that the cost of misperceiving a given situation is at the expense of having to carry around an extremely complicated set of beliefs that cannot produce "quick and dirty" responses. Of course, these costs about being "wrong" or responding less than optimally in a given situation depend greatly on the specifics of that situation. Nevertheless, it simply appears more efficient to conserve one's well-worked, streamlined belief system, at least until repeated mistakes in similar situations force us to accommodate to them.

Social Intelligence

Cantor and Kihlstrom[22] have developed a model of personality based on emphasizing an individual's social intelligence, defined as the "*social concepts* and *rules* that an individual brings to bear . . . to read situations and plan actions in the situation." In their view, social intelligence is not seen as a unidimensional characteristic of which some people have a great deal and some people have less. Rather, it is defined in a way more similar to recent reconceptualizations of cognitive intelligence[23] in which intelligence is thought of as the repertoire of an individual's problem-encoding and problem-solving skills in a wide range of domains.

In the Cantor and Kihlstrom model, social intelligence is composed of a large set of social and self concepts and a smaller set of rules or strategies for using these concepts to make sense of internal experiences and interpersonal events. These concepts can be thought of as storehouses of information about "kinds of people," "kinds of situations," and "kinds of selves." Information is stored hierarchically, organized into categories that range from high-level abstractions branching down to specific memories of particular events in one's life. For example, information about "kinds of people" can be stored either as lists ("high achievers I have known") or as exemplars (i.e., the prototypical "high achiever"). According to Cantor and Kihlstrom, emotions can be stored in two ways: affective reactions can be attached directly to abstract concepts or exemplars within a concept category (feeling competitive with the "high achiever"), and affects can be stored directly with the specific memories or lists of the people known (liking "high achiever 1," not liking "high achiever 2," and so on). This same mechanism can be applied to "kinds of situations" and "kinds of selves" as well. In fact, Cantor and Kihlstrom suggest that the concepts about one's various "selves" are probably the most "hot" or affectively charged part of one's repertoire of concepts. These concepts represent features of the "self" stored as different "kinds of persons in different situations."

The other half of social intelligence is the repertoire of interpretive and action rules that "guide the organization and transformation of social information and the transformation of social cognition into interpersonal behavior."[24] The interpretive social rules contain those of categorization, attribution, inference, and retrieval used to organize, manipulate, and apply the social concepts to make sense of the ongoing social environment. These rules are typically implicit because the individual is rarely consciously aware of the rules used, for example, to categorize a person, predict future events, or fill in missing information in a situation. The interpretive rules are the algorithms or heuristics by which people "read" and hence understand a situation; they are not directly linked to the self and to social concepts or to autobiographical memories, yet they allow contact to be made between the ongoing flow of events in the situation and the repertoire of social concepts. Cantor and Kihlstrom conceive of individuals using a relatively small set of interpretive rules.

The action rules form the basis of the individual's ability to plan actions in response to current and anticipated events (the events "read" using the interpretive rules). These rules are generally explicit because they have been or can be articulated by the individual. These rules include those of social exchange, self-presentational strategies, social scripts, self-regulation, and social role taking and communication. While these rules have been explicit at one time, in familiar situations our action planning becomes "second nature," and they are thereby executed

automatically, without conscious awareness. Relative to the interpretive rules, individuals may use a fairly large set of action rules to plan their behavior.

When people utilize their social intelligence to behave in given situations, research shows that they selectively attend to portions of the information present in the situation and selectively apply portions of their rules and concepts to it. Showers and Cantor have found that one's goals, mood, and expertise are critical factors that guide this selection process.[25]

Goal.—Much research has found that people's behavior in social situations is goal directed and can be perceived as rational once one's goal is discovered. For example, Cohen and Ebbesen found that people use different coding schemes to remember behaviors of others that depend on the goals for the recall.[26] When asked to form an impression of another person seen in various situations, people use traitlike categories to organize their information about that person. However, when instructed to simply recall the information, they use instead the attributes of the situations that the person was observed in to organize their recall.

Mood.—Transient emotional states have been shown to direct attention selectively to features in the situation and to activate selectively certain concepts and rules that are "affectively congruent with the person's prevalent subjective or interpersonal mood states."[27] In a conflict situation early in the life of a group, for example, a person feeling confident and powerful may be able to enter into the exchange and enjoy the give-and-take of the ensuing discussion. A person in a bad mood, full of self-doubt and feeling overly self-conscious, may "overreact" to a small critical remark and withdraw for the remainder of the session.[28]

Expertise.—An individual's perceived areas of social expertise and ignorance are powerful selection influences on situational interpretation and planning. Expertise in an area of social functioning—represented by the presence of a highly articulated, organized, and integrated set of concepts and rules relevant to that area[29]—will cause an individual to read a situation and subsequently act in a way that allows the person to feel "natural," or in harmony with his or her expertise.

Our social intelligence, then, drives the patterns of our interactions with our environment. The set of rules, concepts, and strategies used to respond to a given situation will largely be dictated by the goals, moods, and perceived expertise that are brought to the situation. It may be, then, that a "social intelligence assessment" is most easily attained by first asking directly about a client's goals, moods, and perceived areas of expertise in a given situation and then by using this information to work back to construct the rules and concepts used by the individual to produce the particular response being examined.

'he potential for this assessment method will be discussed in more etail below.

ocial Schema

ocial cognition theorists, as reported in this article, have argued that ɔcial situations are anomic, but that an individual's behavior in a iven situation will be purposeful and rational. One may ask, then, ow it is that we can act as if structures exist in the situation when ley do not. Where do these "structures" come from that we presumably npose on situations, that we are, in fact, required to impose on sitations, in order to make sense of them? Borrowing from research in ɔgnitive psychology, social cognition theorists posit that we use schemas, r cognitive representations, to enable us to understand our social orld. A schema, according to Neisser, is a structure "internal to the erceiver, modifiable by experience, and somehow specific to what is eing perceived. The schema accepts the information as it becomes vailable and is changed by that information; it directs movement and xploratory activities that make more information available by which is further modified."[30] A schema acts to structure what we will see a given setting; it provides a structural mechanism that represents rior experience.[31] As Neisser states, when looking at and thinking ɔout the world, perceivers will "pick up only what they have schemas ɔr and willy-nilly ignore the rest."

The influence of schemas on our thinking and behavior planning ıay occur at one or more of the three stages of information processing: ncoding, storage, and retrieval.[32] The basic idea is that once one ement of a schema is activated due to stimulus input, other elements presented within the same schema are also activated; the now-operative hema guides the way in which the stream of observed behaviors is ıbsequently encoded. Next, these schemas provide an interpretive amework for determining the "meaning" of the behaviors, influencing hat is stored. Finally, when a perceiver tries to retrieve information ɔout the situation from memory, the relevant schema will be reactivated ıd used to fill in forgotten or never seen behaviors.[33]

Conceptually, a schema of a given situation contains the particular ays in which one has learned to "put together" the social concepts ıd rules that are applied to the situation. For example, suppose that ver the years that Jon has had to look for jobs, he has learned a ımber of things: that he must dress "neatly" (an action rule) and esent himself confidently (a self concept and action rule), but not o confidently (another action rule); that the interviewer will try to ısh Jon on his ideas in order to test him (an interpretive rule), and Jon should expect this and be prepared to "stick to his guns" (an tion rule); at the same time, he should keep himself from feeling

threatened (a self concept) and getting defensive (an action rule); that the interviewer, particularly if Jon thinks he or she has been with the organization for a long time and is a real "team player" (a social concept and an interpretive rule), will not want to hear the numerous radical changes for which he will advocate if hired (an interpretive rule); and that Jon should appear serious, conscientious, hardworking, and definitely not tell any long-winded amusing stories (a self concept and an action rule).

Taken together, these rules and concepts characterize Jon's "job interview" schema. It has developed over time through trial and error and observation and discussion with others. It is based on his goals—to further his career—and on areas of expertise—gracefully playing the bright but deferential junior associate. Once developed, this schema will be activated whenever Jon enters a job-hunting situation and will cause him to construct social situations with prospective employers in this manner. This schema activation may not always be appropriate. For instance, if Jon is invited to a cocktail party at the boss's home, there is a good chance that his "job interview" schema will be activated rather than his "party with friends" schema. If so, he will then construe this possibly very informal and relaxed social gathering to be much more important to his career than is appropriate; Jon, then, may feel more anxious and appear more formal than is necessary, at least at the party's outset.

Implications of the Four Features of Social Cognition for Social Behavior

Considering these four elements of social cognition together suggests several implications for understanding social behavior and for working with clients. First, the inherent anomie in social situations has been discussed as if the amount of subjective interpretation required is constant across all situations. What is more likely, however, is that particular situations can be located on a continuum from being extremely well-defined—meaning that high consensus exists in society for how to understand and act in the given situation, as in the restaurant example—to being extremely vague and confusing—meaning that little or no social consensus exists to help individuals know how to understand and act in the situation, or that the society tolerates a wide range of interpretations and behaviors within it. Abelson has outlined reactions to the well-defined situations.[34] He argues that such a small amount of subjectivity goes into our reading of some situations that we act in them as if we have simply been given a script to follow. For members of a university community, for example, upon entering a classroom we are immediately aware of which behaviors are and are

not appropriate. We can say, then, that our schemas of these situations contain many socially validated rules and concepts; our social expertise in these situations is high. It is suggested that these situations are commonly not the ones that our social work clients find problematic. Instead, it is those situations in which the least social consensus exists that can cause the most potential difficulty since they are the real "tests" for the extent of functionality of one's social intelligence; these situations are the ones most susceptible to idiosyncratic distortion.

Second, in addition to suggesting that situations themselves can be placed on a continuum of amount of social consensus inherent in the perceptions and responses of those who inhabit the situation, another continuum can be posited to characterize the amount of definition and elaboration of the schemas themselves. For a given situation, a job interview, for example, one individual may have a very highly developed and elaborate schema, that is, one containing very specific and concrete rules and concepts about what to expect, how to act, and what to hope for as an outcome of the interaction. Another individual may have only the slightest notion of what to expect or how to act. It is not simply the case that the person with the highly defined schema has "seen the light" and the other has not yet learned the rules; in fact, neither may have a schema that is consistent with a mainstream societal view of how one should conduct one's self in a job interview. And the person with the very fuzzy schema may actually appear more functional in the situation since he or she may be more open to responding to the immediate demands and factors present. On this continuum of "schema definition," then, the most functional position might be one somewhere near the center: not too specific and concrete as to appear lockstep and inflexible to the unique features and subtleties of the new situation, but defined enough to serve as a foundation from which to understand the basic structure and norms of behavior required for the interaction.

Based on these two continuums outlined above, a third point can be made about appropriate functioning in social situations. The above discussion suggests that we each have our own idiosyncratically constructed understandings of given events, situations, or people, and that these understandings, or schemas, can vary both in their definition and their congruence with a social consensus. For instance, Jon may have one schema of the democratic presidential candidates; his new work colleague, Sara, may have another. They can talk about the candidates to each other, and generally go about their business, without having their schemas suffer much serious challenge from one another's views.

But the use of social schemas, that is, schemas of situations requiring social interaction, is a different matter. Imagine that Jon has a "committee meeting" schema that allows him to see meetings as opportunities to

take a break from "real" work, impress people with his wit, relax, and tell loud, off-color jokes. In most meetings Jon has attended in the past, others have always responded favorably and welcomed his distractions, and so he expects the same in the future. Sara's "committee meeting" schema, however, is characterized by feelings that these times are also an opportunity to impress people, though for her it is a chance to impress superiors with her intelligence. For Sara, these meetings are where real work takes place, where the real decisions are made. She takes them seriously and particularly hates loud, obnoxious people who waste her time. Sara's colleagues know this about her, and have come to invite her to meetings specifically for her input. Sara, too, has learned to expect this appreciation. There is no problem, in the abstract, with both of these schemas of committee meetings existing simultaneously, except when Sara and Jon are present at the same meeting. In that situation, almost at the moment the meeting begins, they will both be jarred by the "unreality" of this situation. Jon will be offended that Sara does not think his latest joke is funny; Sara will be upset by how disruptive Jon is.

The point to this is that Sara and Jon are now faced with two choices. They can either remove themselves from the setting, either graciously or not, thereby keeping their respective "committee meeting" schemas intact, or they can try to engage one another, painfully struggling to find some sort of common ground between them. In either case, an important implication about interacting appropriately in social situations can be made: social interaction requires that the participants in the situation communicate their schemas of it to one another and create some measure of a common schema.[35] In the above illustration, Sara's and Jon's investment to interact will be directly proportional to their goals for the meeting. If neither one of them has a high investment in this meeting, the amount of shared schema developed needs only to be sufficient to allow both of them to make this meeting as painless as possible. But, in the case in which they both have a high investment, in an ongoing policy-making committee, the development and articulation of a shared schema will necessarily need to be greater.

Finally, the reader may notice similarities between social cognition's view of behavior and that of ego psychology. For example, the idea of social intelligence–driven schema activation that renders different specific situations "perceptually equivalent" appears very similar to the psychodynamic notion of a "repetition compulsion."[36] The ego psychological and social cognition models are, in fact, quite similar in their descriptions of behavior. They both postulate that our behaviors are directed "automatically," compelling us to repeat past behaviors in present situations. These models differ, however, in their causal explanations of behavior. While an ego psychological model posits "core" or "genetic" roots to the present-day conflicts and behavior

patterns of an individual—where unconscious impulses are the prima source of motivation and where these unconscious processes can nev truly be resolved—social cognition uses an information-processir conceptualization that sees present-day conflicts and behavior patteri as the latest evolution of the person's unique social learning histor These cognitive processes may be automatic and thus act without o conscious control, but they can be examined directly, can be linked the person's rational and competent attempts to solve problems an or respond to situations that were at one time critically important, ar can ultimately be changed to be more functional in the individua current life.

Defining the Niche for Social Work Practice

In this article, research in the area of social cognition has been present to further detail processes implied, but not specified, by the ecologic model of social work. Four basic characteristics of social cognition we identified and discussed: situational anomie, reciprocal determinis of behavior, social intelligence for reading and action planning situations, and the use of schemas for constructing social reality.

Using these four concepts, we are afforded a more explicit view the "niche" that one creates from his or her environmental field. Fir the "environment" is broadly defined to include not only actual situatio in which one finds oneself but also includes sociocultural and soci economic events that shape the psychosocial context within which o lives. These events include such things as the general political clima of the day, the socioeconomic status of one's community, and on demographic characteristics.

Second, while environmental factors constrain how we respond situations, social situations are perceived as inherently structurele For the most part, situations in our lives do not present us with cle and consistent cues for how to respond. This is not to say that situations are equivalent to one another. Instead, the idea is that th are inherently malleable; we pick and choose the situational cues th we consider important. We understand the situation in our own w by imposing our own structures on it. At the same time, situations c be placed on a "consensuality continuum" from those that are high scripted (where there is strong social consensus about how to understar a situation, with everyone perceiving it similarly) to those for whi low consensus exists (where each person understands the situation his or her own way).

Third, the structures that individuals impose on situations, that their schemas, are based on their unique system of social concepts ar rules—their social intelligence—that has been developed over a lifetim

Thus, the "person" in the person-environment interaction can largely be described by describing his or her sociocognitive and affective processes elicited in response to particular situations. This description does not focus on identifying the "right" rules and concepts but instead implies assessing individuals solely in terms of how they apply their unique set of rules and concepts to given situations.

The niche one creates, then, can be thought of as resulting directly from how one's social intelligence is applied to construct the schemas to understand and respond to the situations that are encountered in the course of daily living. The schemas developed are themselves a result of a continual give-and-take with the environment as they are continually updated and adapted to remain functional given the demands in current situations. The niche created represents the dynamic balance struck with one's environment: one will be seen to develop stable and consistent ways of perceiving and acting in the situations encountered in daily living due to the development of relatively stable and consistent schemas activated to make sense of one's surroundings. The result of activating a routine set of schemas to interact with one's environment will be that the individual will experience entering a routine of situations in the course of a typical day. Thus, when one establishes a niche for oneself, he or she will be observed to exhibit relatively stable routines for the situations that one places oneself in, for the goals and aspirations that one views as important for which to strive, and for the behaviors and strategies used to accomplish these goals. One's niche cannot be too large, referring to the range of situations and behaviors for which one develops active schemas, lest one become overtaxed by environmental demands (i.e., trying to "do too much" or "spreading oneself too thin"). Likewise, the niche created cannot be too small or rigidly defined since the individual then becomes too vulnerable to slight changes internally or in the environment (as is sometimes the case in obsessive-compulsive disorders). Finally, one's niche must continually change shape and size as new situations are encountered and old ones are left behind. It remains in a true state of homeostasis.

This model of the niche, a representation of the smallest unit in the interaction between the person and the situation, can serve as a basis for clinical practice. We can think of behaviors generated by individuals in situations to be a function of a three-step model.

In this model, the individual in a situation first uses his or her assumptions and beliefs, that is, his or her social intelligence, to "read" or make sense of the situation. Depending on particular cues in the situation and on the goals or moods present at that time, a particular schema is activated and is overlaid onto the situation. Second, the individual now understands the situation in a particular way because of the schema activated; he or she gets "feedback" from it in the sense

that particular cues in the situation become predominant and then particular goals and strategies become appropriate. Finally, in the third step, based on this understanding of the situation, a behavioral response is produced. This behavior is produced interactively: it is a product of the particular rules and strategies deemed appropriate by the individual based on the particular way the situation affects him or her.

This interaction model can be used to suggest "leverage points" for clinical intervention. First, clinical assessment can focus both on these three steps separately and on how they fit together; assessment can take the form of determining how our clients understand their problematic situations, what rules and concepts they apply to them, how they plan actions to cope with their perceived demands, and how they evaluate their performance. "Presenting problems" are seen as clients' best efforts to problem-solve within their environmental field. The social worker's tasks are to assess the entire niche: to understand the person within the context of his or her unique environmental field and to understand the environment in terms of the person's social intelligence and schema system.

Second, clinical interventions can focus separately on step 1 to determine which specific schemas are activated under what situational conditions and to determine which schemas tend to be linked to which goals and mood states of the client. Interventions can also focus on step 3 to help clients understand their decision-making patterns and options, to allow more freedom of choice for responding to situations, and to teach new responses when appropriate.

Finally, it is reasonable to assume that assessment should begin with step 3 and then work backward as the case warrants. Behavioral treatment outcome research has demonstrated that many client problems can be adequately addressed by only addressing this step.[37] The behaviors of this step may both be more accessible and consciously controllable for individuals.

At this step in the model, presenting problems can be seen as "habits": behaviors that remain in one's routine yet are no longer strongly attached to "deeper" cognitive structures. Some clients present phobias that can be treated very effectively when viewed from this perspective.[38] In this case, the individual may best be served by providing an environment in which to practice new behavioral responses to problematic situations.

Based on the documented successes of behavioral and cognitive-behavioral treatments, it may be most parsimonious for us to begin all treatments with this assumption about the presenting problems: that they are relatively independent from deeper cognitive structures. Only after trying more straightforward interventions and discovering that the presenting problems are not easily "replaced," it may be deemed

necessary to examine step 1 of the client's interactions with the environment.[39] This system for assessment will need careful development through empirical research.

The model of person-situation interaction and "niche assessment" differs from most cognitive forms of treatment[40] in that the client's thoughts and behaviors are never seen as "irrational" since they can be seen to be consistent with what the client knows and understands about himself or herself and the environment. Assessment and intervention then focus on helping the client understand this "internal consistency" of the behaviors and on helping the client evaluate them with respect to his or her goals. Interventions may then take the form of skill training (to augment skill deficits for better problem solving), cognitive restructuring (to help the client see more behavioral options for himself or herself in a situation), or advocacy work (to help change structural aspects of the environmental field).

I have argued in this article that only by understanding the specific processes involved in how a person develops his or her niche, by understanding more precisely its shape, and by carefully assessing its impact on presenting problems can the ecological model of social work practice be used to develop specific practice principles. Recent research and theory on social cognition have been synthesized into four prominent features to explicate the interactive processes between people and their environments. The ecological model, borne from within social work's rich heritage, provides a broad conceptualization and value base ideally suited to our understanding of ourselves and our clients. Without careful development of this theory, however, it can serve only a limited role in our day-to-day work.

Notes

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Super Problem Solvers: A Systematic Case Study

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In this single-case study, the practitioner and clients are construed as coparticipants in a problem-solving system. An inductively derived, case-specific coding scheme augmented by qualitative analysis is used to examine problem-solving and change processes. The study offers a perspective on the range, variety, and interaction of change events that occur when family members are active problem solvers. It suggests how leadership may be shared between practitioner and clients and how the process may transcend the structure of a practice model.

In most family treatment approaches it is assumed that the practitioner takes responsibility for directing the change process. Although family members may determine what assistance they want, it is the practitioner who provides the "therapeutic input" through his or her interpersonal capacities, professional knowledge, and technical expertise. The sources of this technical expertise—treatment models, methods, techniques, and the like—may also be accorded independent therapeutic functions.

The client's contribution is cast in terms of certain attributes: "treatable" clients must have adequate motivation for change, must not be excessively resistant to the practitioner's methods, must be sufficiently intelligent and verbal to participate in interviews, and so on. However, little weight is attached to the family's independent change initiatives, that is, those that are not responsive to the practitioner's interventions. Indeed, the very term "treatment," with its medical origins and connotations, suggests a linear process in which a practitioner does something to a family.

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Most research on family treatment follows this paradigm: it is largely riented to evaluating outcomes of programs, approaches, or techniques. Vhen treatment processes are studied, the purpose is usually to de- ermine the relation of these activities to outcome variables. While this aradigm and related research have proved useful for certain purposes, ey have been limited by a one-sided (practitioner/technology) con- eption of family treatment. Specifically, they do not do justice to the hange processes arising from practitioner-client interaction or to the lient's own change initiatives.

As Gurman, Kniskern, and Pinsof point out, family treatment can e viewed as a "feedback loop that includes the therapist and patient ystem in a circular, mutually influencing, ongoing interaction."[1] As e apply this perspective, the participants in family treatment (prac- tioners, clients, collaterals) are seen as making up an ad hoc problem- lving system that draws upon its own resources plus those provided y available technology and the environment. The focus is not on how lients respond to the practitioner's intervention but on how change rocesses are initiated and evolve within this system.

Study of such systems has been facilitated by recent developments n process research on interpersonal treatment.[2] Especially relevant as been the emergence of what Kiesler has called "change process esearch."[3] In the words of Elliott, this research strategy is a "discovery- riented approach to significant change events."[4] The emphasis is on tudy of the link between specific treatment activities and specific nmediate outcomes, for example, "change that is evident in the ses- ion."[5] This is in contrast to the conventional practice of linking gross ieasures of intervention to gross measures of outcome at termination. urther, an attempt is made to isolate key events in context on the ssumption that certain episodes of process may be critical to change hile others may not be.

In this strategy one rejects the "myth of homogeneous process" in hich a given unit in a process category is seen as more or less equal any other unit in that category regardless of the context in which occurs.[6] Thus, as Elliott observes, research projects on "empathy in hich empathy ratings are averaged across interviews or cases are sensitive to the possibility that empathy may play a crucial role only t certain moments in a helping relationship—for example, following new and highly intimate disclosure."[7] This is not to dismiss the sizable ody of research based on the assumption of homogeneous process ut rather to say that it has left untouched important areas of inquiry hat may be pursued.

In this evolving approach, change events are investigated in depth n relatively small units of process—single sessions in small groups of ases,[8] single cases,[9] and single episodes within sessions.[10] Both quan- itative and qualitative methods may be employed, often in combination.

For example, Elliott used a mix of 17 quantitative and qualitative techniques in his analysis of a single psychotherapeutic episode.[11] Such mixes can combine the capacity of quantitative measures to reveal statistical patterns in objective communication data with the ability of qualitative analysis to depict contextual features and capture the more elusive complexities of process.

The Study

Study Focus

Drawing on these methodological developments, we have attempted to study a single case of a problem-solving system involving a practitioner and family members. The purpose of this "systematic" case study[12] is to explore the utility of our theoretical perspective and to suggest new ways of conceptualizing change processes in family treatment.

Specific emphases for the application of the framework in the case selected include (1) the investigation of the roles of practitioner, clients, and a treatment model in initiating and directing change processes, and (2) developing ways of conceptualizing and mapping the change and variety of these processes.

Case Selection

Intensive study of a single case was chosen as a potentially fruitful method for an exploratory study of the problem-solving system we have described. Concentrating on a single case will enable us to track the processes of change in detail over the course of contact with a family and to develop a holistic picture of change.

Completed cases from the Task-centered Family Treatment Project were reviewed in order to locate a case that contained taped sessions and evidence of active client participation in problem solving.[13] A marital case (which we consider to be one type of family treatment) was selected. We were not interested in a "typical" case (if there is such a thing in family treatment) but rather in one that possessed adequate raw material for a meaningful application of the proposed systemic conception of practitioner-client problem solving. Moreover, a dyad seemed easier to encompass than a larger family system in this initial exploration.

The case involved Mr. and Mrs. R, a working-class couple who sought help at a family agency for marital problems. Both have high school educations. The husband works as a mechanic; the wife is employed in a clerical position. They have two preadolescent children.

The R's were seen for six conjoint sessions in a contract that extended over an 8-week period. The practitioner was a graduate social work

student who had several years of experience in work with families. As a project case, the task-centered model was to be used.

Essentially, the model is a planned short-term approach that focuses on specific, explicit problems that clients agree to address.[14] Therapeutic efforts in the session are organized around tasks in which family members, guided by the practitioner, engage in problem solving, communication training, affective exchanges, or other activities suggested by the problems.[15] These in-session tasks serve as a base for tasks performed by family members at home or in their environments, which may involve implementing a problem solution, practicing skills, and so on.

Prior to the start of service, clients completed the Family Assessment Device (FAD) and the Dyadic Adjustment Scale (DAS).[16] From these instruments and interview data, it was clear that the couple was in a state of severe marital crisis. For example, both checked "extremely unhappy" on a global item in the DAS that asked for an appraisal of the degree of happiness in their relationship. They complained of frequent quarreling, punctuated by long periods of hostile silence. At the same time, both referred to their marriage as having been good until recently. Their motivation to change was high. On the DAS the husband checked the extreme motivational option, "I want desperately for my relationship to succeed and would go to almost any length to see that it does." On the same item, Mrs. R checked, "I want very much for my relationship to succeed and will do my fair share to see that it does."

Following the model, the practitioner and clients identified four problems in the initial session: misinterpretation of body language (especially around expressions of anger), criticizing one another, Mrs. R's tendency to take everything too personally, and Mr. R's unwillingness to initiate conversations. Although each of these problems were addressed, distinctions blurred as the case progressed. Subsequent review suggested that most of the participants' efforts could be seen as related to problems of dealing with anger, a problem not explicitly stated. Also in retrospect, the wife's problem of taking things personally seemed to be a form of an "exacerbation cycle" in which self-blame heightens expectancies of negative consequences from the spouse.[17] The spouse's behavior may then be misperceived as negative, which in turn exacerbates the self-blaming.

Work on these problems began in earnest in the second session. The problem-solving efforts of the participants will be reported in detail below. However, a brief review of outcome data will help to put these findings in perspective. Case outcomes assessed at closing and at 3 months follow-up were extremely positive. A structured, detailed review of all problems in the closing session revealed that in the opinion of each participant all problems had been considerably or substantially

alleviated. At 3-month follow-up clients completed posttests of the FAD and the DAS. Both instruments showed the couple's substantial gains in all aspects of marital and family functioning measured. For example, on the DAS both checked "very happy" on the marital happiness item. Client questionnaires also completed at this time corroborate this positive picture. Both reported considerable benefit from service.

It is not unusual for cases of this type—that is, those with a good prior relationship, severe crisis, and high client motivation—to show rapid change in short periods of time. The analysis to follow will shed some light on the processes by which such dramatic improvement occurs.

Response Classification

Beginning with the second session, typescripts and tapes of the sessions were analyzed qualitatively to construct an inductive, case-specific classification scheme encompassing responses of all participants: practitioner, husband, and wife (table 1). A response consisted of a participant's

Table 1

RESPONSE CLASSIFICATION SCHEME, R CASE (Condensed)

I. Non-change oriented:
Responses lacking identifiable change function (e.g., factual exploration, description, defensive communication, verbal attacks).

II. Change oriented:

1. Communication:
   a. Reveal self: eliciting or expressing feelings or aspects of self that would not ordinarily be revealed.
   b. Request feedback: requesting or encouraging feedback from spouse regarding his/her intentions, feelings, etc.
   c. Reinforce, support: instigating or providing reinforcement or support to encourage problem-reducing behavior
   d. Providing help: instigating or offering reminders, cues, or other forms of help to spouse to avoid arguments or otherwise facilitate communication processes.
2. Cognitive:
   a. Accept differences: encouraging or revealing acceptance of difference between spouses.
   b. Recognize exacerbation cycle. interpreting or recognizing interconnections between self-blame, fear of anger, and increased sensitivity to anger and criticism.
   c. Differentiating sources and objects of anger. prompting or expressing recognition of true sources of anger.
   d. Responsibility for problem: pointing out or expressing responsibility for behavior aggravating problem.
   e. Self-control: instigating or expressing self-control over aversive communications.
3. Independent action:
   Instigating or carrying out problem-reducing actions not part of face-to-face communication processes.
4. Other

utterance while he or she had the attention of the others. All responses were then coded into categories of the scheme.

A major distinction in the classification was made between "change-oriented responses" and responses that in themselves were not considered to have an identifiable change function. To be judged change oriented, a response had to contain prescribed elements that might be expected to further the change process. Thus the coding system was based on theoretical presuppositions about the kinds of responses that might be expected to produce change rather than on evidence of subsequent change. This follows the logic of most schemes that concentrate on input. However, in the present classification, the categories apply to all participants, and are informed by case-specific assumptions about what was likely to lead to change.

The practitioner's responses that met the "change-oriented" criterion consisted largely of emotion- or thought-provoking questions, explanatory or interpretive comments, expressions of encouragement or support, and directives. Excluded responses consisted of questions or comments aimed at obtaining descriptive data about problems and communication facilitators, such as rephrasing, echoing, and the like. Client responses regarded as change oriented included reflection on one's own functioning or interpersonal processes, self-revelations, requests for feedback from one another, acknowledgment of one's own role in the problem, and accounts of change-promoting actions outside the session (e.g., successful problem-solving activity). Excluded responses were primarily problem descriptions, comments unrelated to identified problems, and communications that were defensive or attacking (the latter were excluded on grounds that they would be likely to hamper or reverse positive change processes). From the pool of change-oriented responses, three general classes were formed with subcategories as outlined in table 1. Although all categories involved communication, the first had to do strictly with events in face-to-face communication processes either in the session or at home. In the second, the immediate focus of attention was a cognitive event that usually affected and was affected by some aspect of face-to-face communication The third general category involved independent actions by clients occurring outside a face-to-face communication context but still relevant to marital interaction. For example, Mrs. R decided to get rid of some pets that had been a source of annoyance to her husband.

As noted, the same categories were used for both practitioner and client activities. The practitioner could use the categories either directly (e.g., provide support) or make an interpretation indirectly by instigating client activity within a category—for example, encouraging clients to provide support or request feedback. Although comparability with other cases is sacrificed in this ideographic scheme, the gain is a contextual sensitivity that can result in a more penetrating analysis of the

case at hand. Thus, work on the wife's reaction to criticism, that is, her exacerbation cycle, could be captured in a single category. In a standard scheme, this configuration may not have emerged since its elements would likely have been spread over several categories. Similarly, another important category in the present scheme, "reveal self," could be fine-tuned to take into account critical differences in the therapeutic significance of the wife's and the husband's revelations. For Mrs. R, a characteristically open and expressive person, revealing anger, hurt, and other feelings was as natural as breathing and had about as much therapeutic impact. For her normally closemouthed husband, beginning revelations of this kind represented significant change.

Rules were devised to handle certain coding problems. Coders were asked to make a judgment as to which response type was dominant in long responses containing more than one type. When categories overlapped, priority rules were used. For example, many client responses contained elements of accepting responsibility for the problem. Coders were instructed to give priority to other possible codes in such responses and to use "accepting of responsibility" if no other codes could be identified.

Code Determination and Reliability

In order to obtain a single code for each response, all responses were coded independently by two judges and disagreements resolved by a third judge. A 25 percent sample of the final reconciled codes was independently coded by a fourth judge. The percentage of agreement between the final codes and those of the fourth judge was 83 percent, with a kappa of .74 ($p < .01$). Kappa, which can range from less than 0 to +1, provides a measure of reliability after the effects of chance agreement have been removed.[18] This measure is especially useful in the present study because of the possibility of a large amount of chance agreement resulting from the high percentage of codes (76%) classified as not change oriented.

Findings

We shall first present the change-oriented efforts of the participants, with particular attention to patterns of leadership. The role of the treatment model will then be considered, followed by an attempt to put together a picture of the processes of change.

Participants' Use of Change-oriented Responses

In table 2 are presented frequencies of change-oriented responses over the categories of the scheme, broken down by participant and phase of treatment. The split of the case into two phases is based on

Table 2

Frequencies of Change-Oriented Responses by Phase of Case and Participant

Categories	Phase 1 (Sessions 2, 3)			Phase 2 (Sessions 4, 5, 6)			Total
	H	W	P	H	W	P	
1. Communication:							
a. Reveal self	5	3	28	22	3	18	79
b. Request feedback	...	5	5	...	8	6	24
c. Reinforce, support	...	...	1	2	17	7	24
d. Providing help	1	4	...	4	6	10	25
2. Cognitive:							
a. Accept differences	..	...	9	...	5	6	20
b Recognize exacerbation cycle	..	6	4	3	28	16	57
c. Differentiating sources and objects of anger	1	3	7	1	4	5	21
d. Responsibility for problem	4	2	3	8	13	3	33
e. Self-control	...	...	..	8	10	9	27
3. Independent action	...	...	1	6	9	...	18
4 Other	...	...	4	...	2	1	7
Total	11	23	62	54	105	80	336

Note.—H = husband, W = wife; P = Practitioner.

similarity in response patterns characteristic of sessions 2 and 3 as opposed to the remaining sessions. The 336 change-oriented responses were part of a total of 1,378 responses in the five sessions. Sessions were similar in total number of responses, with a range of 223–305.

We shall first consider what the data may suggest about overall change-oriented activities in the case. With a few exceptions, all participants made some use of all categories, although they used them in different ways. For example, although most work concerning the exacerbation cycle involved dialogue between the practitioner and Mrs. R about the latter's self-blame, anger, and so forth, Mr. R. also made clarifying responses from his perspective.

On the whole, all participants made extensive use of change-oriented responses. The practitioner has the most (142 responses), but Mrs. R is a close second (128). The couple together account for the majority (58%) of all such responses. While the practitioner dominates phase 1 in use of change-oriented responses, the clients together are dominant in phase 2. In this phase, the wife leads participants, and the clients combined account for two-thirds of these responses.

Although these data suggest that the clients were highly active in making change efforts, they do not inform us about the responsibility for leading the process. Clients may exceed the practitioner in use of responses in a particular category, but the practitioner may still be the initiator. This question was investigated by determining who in fact initiated sequences of responses of a given type. The analysis was done

by response type because we wanted to determine if the pattern of initiation was affected by the kind of response used. What constituted a sequence was not easily determined since change-oriented responses of the same kind were often preceded or followed by those not oriented toward change; moreover, responses of a given type might dominate a passage, but other types might be interspersed. We finally considered a sequence to be used if two or more of the same type of change-oriented responses were uninterrupted by no more than 10 consecutive non-change-oriented responses or by no more than two change-oriented responses from other categories.

The resulting analysis showed that the pattern of initiations tended to follow the pattern of frequency of occurrence. The practitioner had the most overall but less than the two clients combined. Mrs. R had more initiations in phase 2 ($n = 37$) than other participants; Mr. and Mrs. R showed a marked increase from the first to second phase (16 to 55) and together dominated the practitioner (55 to 32) in the second phase. In general, this analysis suggested that clients were active initiators as well as users of change-oriented responses.

These data do not, however, give much of a sense of the intricacy of the processes that took place, particularly how change-oriented events emerged from combined efforts of the participants. An in-depth look at selected patterns will supply some of this texture.

Husband's self-revelations.—During the first two sessions, the practitioner used queries and instigations to stimulate Mr. R to be more open about his thoughts and feelings in conflict situations with Mrs. R. In the second session, the practitioner introduced the theme by asking the husband about his reactions when he walked in to find his wife inadvertently dripping paint stripper on their varnished floor.

P. When you walked in did you feel . . . what?
H. Anger, I don't know.
P. Anger, okay, what else might you have felt?
H. (Sigh) Like she was doing it on purpose. . . .

In the first phase, the practitioner initiated nine sequences of self-revelations with Mr. R. He initiated none. In the second phase, however, initiations were almost evenly divided between the two (husband, 7; practitioner, 8). The husband appears to have responded to the practitioner's leadership by moving into an active, self-initiating role.

Wife's exacerbation cycle.—In the second interview, the practitioner groped for words in trying to define a vague complaint of Mrs. R concerning her distress in the relationship. The practitioner had previously suggested that Mrs. R may overreact to her husband's criticism, but Mrs. R did not think this was the right description. Practitioner: "You interpret [her husband's comments] as criticizing you, taking it

personally or something." Mrs. R: "Yes! There you are—taking it personally. Because last week when you [speaking to her husband] said that about the car, I thought, it's my car and now it's not starting right, so somehow that's my fault. Yes, it's taking things too personally rather than criticism."

The wife's response is triggered by the practitioner phrase, illustrating the subtle interactive processes that make it difficult to determine leadership in such matters. Mrs. R does more than simply accept the designation, however. She gives it dynamic meaning by acknowledging an inappropriate self-attribution of blame and thereby revealing some insight into the workings of her exacerbation cycle. A few responses later, the wife elaborated on the theme without an intervening response by the practitioner in this category. Mrs. R: "I would automatically assume that if you [refers to husband] didn't talk that I had done something wrong. So I have to change that."

Mrs. R dominates the exacerbation-cycle category not only in terms of total responses (table 1) but also in terms of initiations (wife, 18; practitioner, 5). In the second phase, in which most activity in this category occurs, Mrs. R made lengthy and insightful responses. The practitioner role is largely facilitative, clarifying, and reinforcing. Here the client takes a leadership role at the beginning and maintains it throughout treatment.

The body language chart.—As a part of her work on one of the target problems (misreading body language), the practitioner suggested to the couple that each record the other's body language and their reaction to it on a chart during the days between sessions. They were then supposed to return to the next session with the filled-out charts and be ready to discuss their reactions as a way of beginning to correct any misinterpretations. After explaining at length the nature and purpose of this task to the R's, the couple appeared quite willing to comply and asked a number of questions to ensure that they understood the instructions for filling out the charts. Review of this task at the next session revealed they had used the chart in a very different way than instructed. They chose not to write in the entries because they felt that they were better able to remember the specific instances of body language if the instances were not recorded. Mr. R commented, "I remember it more because I didn't put anything down. Because if I'd filled it out, it would be gone and that's it." Mrs. R agreed, but added another twist: "It's like a challenge! We had to make it so we couldn't put anything on it [the chart]. Well we're not going to do it [list any negative body language]." Mr. R concurred. Thus, the couple used the task not so much to monitor their behavior but rather to control it. Thus they openly, even playfully, converted the task into more direct action on the problem, a part of a more general self-control effort.

The clients reviewed their progress on body language in the fin session. Mr. R: "You're kind of policing yourself all the time, just lil the other thing, saying 'I' instead of 'you.' I always think about it. It kind of stuck in your head. So it's the same thing with the boc language because you always think about it." Mrs. R: "I will get disgusted look on my face, but then it's like somebody holding a mirr up and I'll—all of a sudden I know what my face looks like, so I'll t and change it."

Mr. R extended the control theme to verbal expressions of ange Mr. R (humorously): "Like you've got a gag over your mouth." Tl practitioner moved to support the client's initiative. When Mr. R con mented, again humorously, it "feels unnatural to stop yourself—befo you go da da da da," the practitioner countered with, "It's differen it's something you've never done before—a new type of behavior.'

Thus the practitioner task plan was radically revised by the coupl who used it in a way they found constructive. The practitioner wise did not attempt to secure compliance but rather supported the client use of the task to achieve self-control.

Role of the Model

Another potential source of input for this problem-solving system w the technology of the intervention model. Tasks relating to "I" statemen and the body language chart have been mentioned, but a more systemat examination of the role of the model's procedures is in order. Ma of the change efforts reflected in the responses could have been r sponsive to session and home tasks set forth in the model.

The practitioner made a conscientious effort to apply the mode Specific problems were identified, structured problem-solving tasl were set up in the session, and tasks to be carried out between sessio were set up. The structured recording guides completed by the pra titioner reflect this apparent implementation of the model. The tap told a different story, however. While they showed that certain r quirements of the model were met, they also made it clear that ma of the significant change processes occurred outside the scope of tl model's procedures. Specific problems were identified at the beginnin but these problems tended to lose their discreteness as work began t center around issues of dealing with anger, which was never identifie as a problem. Problem solving during the session did not for the mo part conform to the structured session task formats found in the mode In the decisive sessions, 4 and 5, communication among the thre participants flowed through a variety of issues relating to anger, y there were no episodes of directed problem solving between the spouse Tasks at home were set up, and at least one—the use of "I" statemen by Mr. R—was carried out with apparently positive results. Anoth

home task, the body language chart, as noted, was not done but nevertheless was used by the couple in constructive ways. However, other key actions, such as policing their expressions of anger, or Mrs. R's getting rid of the pets, were client innovations. On the whole, the tasks generated or modified by the clients appeared to make a greater contribution to change than those carried out as originally planned.

Change Processes

In considering how change may have occurred, we move from examining individual participants and response categories to some conjectures about their interactions. To understand this process, it is necessary to establish, almost arbitrarily, a starting point—that is, to punctuate the interactions.[19] We shall begin with the wife's exacerbation cycle—her tendency to attribute blame to self, to misread her husband's withdrawal and silence as anger directed toward her. This cycle is, of course, fueled by Mr. R's lack of expressiveness, which could also have served as a starting point.

One apparent cause of change is the establishment of a new feedback loop. Mr. R begins to be more revealing about what he is feeling ("I am not mad at you"), and his wife becomes more assertive in finding out what is on his mind ("I push now until I find out what it is"). At the same time, Mrs. R uses cognitive restructuring to avoid excessive self-blame ("It's not me") and to relabel her husband's silence ("I can interpret silence as he actually sees it, as not detrimental and not bad, but he just likes peace and quiet"). As a result of these efforts, she is able to reduce irrational anger: "It was me assuming guilt and then being resentful of it. So you see it was my own anger really, not your anger." Mr. R's use of "I" statements to reveal what is on his mind ("Now at least I say something") and his control of abusive anger ("policing yourself") help in this process ("Now you're not being angry at me in the same way. I don't get so defensive"). As defensive anger is reduced, he can communicate more readily: "Now I can make a comment, I don't get, like a none-of-your-business type of thing." He can also be more comforting. Mrs. R (describing how he responded when she became depressed on one occasion and retreated to the bedroom): "But you took the time, you came in and sat there. You saw beyond what the front was." Feeling more positively toward her husband, Mrs. R decides to remove a chronic source of irritation for him and gets rid of two of their three cats.

While this sequence of events may be somewhat arbitrary, it illustrates the interplay between the communication, cognitive, and action components of change and what role was played by the model's procedures. It also shows how the change process was propelled by a spiraling sequence of positive interaction. It is this synergetic effect that powers

the system to such a considerable amount of change in such a shoı period of time.

Discussion

An application of a systemic view of family treatment to a marital cas construed practitioners and clients as coparticipants in a problem solving effort. An inductively derived, case-specific coding schem identified change-oriented responses used by all participants.

Because it could be adapted to the particulars of the case, this clas sification approach was able to identify change strategies that migh escape a general scheme. To be sure, the approach used was guide by certain assumptions about what might lead to change and canno claim to identify what in fact caused the changes to occur. While thes are real limitations of the study, the same limitations would apply— perhaps with greater force—had we employed a general set of categories

The framework and the coding scheme proved useful in demon strating how leadership in the case was divided between the practitione and clients, depending on the phase of the case and what respons category was used. In the first phase, the practitioner was generall dominant, pursuing a strategy based on helping Mr. R in self-expressioı and enabling the couple to accept differences between them and t determine sources and objects of anger more accurately. The client introduce their own themes, for example, Mrs. R in respect to revelation concerning her exacerbation cycle. In the second phase, all participant become more active in the change process, with leadership shifting t the clients, especially Mrs. R.

Although the case was deliberately selected because the clients par ticipated actively, it is presumably not unique. If we can assume tha such participation is an important ingredient in treatment success an that it occurs to some extent in most successful cases, then ways nee to be developed to measure it. The approach demonstrated here provide a conceptual framework and suggests a methodology for process analysis Moreover, the categories developed from the present analysis migh be used as a departure point in a search for more general categorie that may fit the change-oriented activities of clients as well as practi tioners.

Whether or not a more general classification scheme can be devised the response types in the present case offer a perspective on the range variety, and interaction of change events that might be expected t occur in family treatment. Of particular interest is the range of chang processes over the three domains of face-to-face communication, cog nitive phenomena, and independent actions. These categories ma prove to have general applicability, although they could be altered o

expanded by cases involving actors outside the family system. These domains also provide insight into the interplays of communication and cognitive events in particular within and among clients. For example, Mrs. R realizes that her self-blame makes her more sensitive to her husband's criticism, which leads to greater acceptance of the criticism. Her own criticism is simultaneously muted by his efforts at self-control, which in turn are made easier by lesser defensiveness on her part. In other words, interactive cycles occur not only between clients but between cognitive and communication domains. These cycles seemed to take on lives of their own as they propelled participants forward toward resolution of their difficulties. The treatment model itself provided only a general structure.

It could be said that the practitioners and clients followed more the spirit of the model than its technology. They did follow a short-term, problem-focused, and problem-solving strategy but bypassed its basic procedures, almost as if they really did not need them. The clients might be likened to exceptional students who can learn difficult subjects quickly in their own way without resorting to textbook exercises, note taking, reviews, and so on.

In fact, this educational analogy may really be an appropriate way to describe the function of models of interpersonal treatment. More generally, service models may provide a useful structure and methods for the typical case, just as pedagogical models are designed for the average student. Both clients and students at the worst and best extremes may need more highly individualized approaches.

This point of view contrasts with the medical analogy in which compliance to a treatment model is seen as uniformly desirable. Compliance by practitioners and clients to prescribed procedures should be correlated with positive outcome. The present analysis suggests that the correlation may be curvilinear, with outstandingly successful cases showing less compliance than those with outcomes in the average to moderately good range. Structured practice approaches like the task-centered model should perhaps develop "escape hatches" for clients like the R's, or at least should contain guidelines that would enable practitioners to adapt the structure and procedures of the approach to the clients' potentials, as the present practitioner did so skillfully.

The framework used conceives of change efforts in problem-solving terms. It is obvious that the practitioner's and clients' activities did not follow any standard problem-solving paradigm. Nevertheless, the bulk of their activities could be regarded as problem solving in the broad sense of deliberate goal-directed efforts to resolve a particular set of issues. Their use of such devices as self-revelation, self-control, reinforcement, helping one another process internal conflicts, and accepting differences could be incorporated into a problem-solving framework. In fact, one of the possible contributions of the present

analysis is to help flesh out a more comprehensive and detailed conception of problem solving. It is arguable however, whether or not a problem-solving framework can encompass all of the important change processes tracked in the case, such as systemic interactions that may evolve according to their own dynamics, or changes in the emotional climate of the relationship. Although participants may be seen as a problem-solving system from the standpoint of describing their efforts, a more general formulation may be needed to encompass the processes brought about by the problem solving.

Notes

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Sibling Relationships and Separations: Implications for Child Placement

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The implications of sibling relationships and separations have not been emphasized in child placement practice and research. However, the sibling bonds of foster children can be understood in light of the multidisciplinary literature concerning rivalry, incest, family therapy, adult siblings, and siblings from poor and disempowered families and by comparisons of the relationship between siblings and unrelated peers. This literature, along with the limited number of studies of brothers and sisters in foster care, suggests that sibling ties are highly important to many foster children. This article concludes that the foster care population is composed of family groups of children whose bonds deserve greater recognition.

Introduction

Although attachment and separation were concerns of seminal theorists such as Sigmund Freud and Otto Rank, it was not until World War II that social researchers began systematically to investigate the effects on children of separation from parents.[1] The emphasis on separation, at first due to large-scale dislocation and separation of families, continues to be a central issue in child placement practice and research. Contemporary practice has come to emphasize avoiding family disruption whenever possible, providing stable placements for children who must enter foster care, and seeking permanent homes for all children now in substitute care.

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The theory of attachment to and separation from parents has provided much of the impetus for these reforms in the child welfare system, while comparatively little emphasis has been placed on the significance of sibling attachments and separations. The child placement literature since the 1920s has included only isolated professional opinions concerning whether, when, and why siblings should be separated.[2] Many social work authors emphasize the quality of the relationship between siblings and support separate placements when relationships are poor, a view reflected in the Child Welfare League of America's standards for adoption service.[3]

Although the profession long has recognized issues involved in foster care placement of siblings, surprisingly little social work research has investigated sibling relationships and separations. For example, the 1978 national study sponsored by the U.S. Children's Bureau, the Columbia longitudinal foster care study, and Gruber's cross-sectional Massachusetts study do not report findings relating to siblings in care, although all three dealt with foster care populations that could be expected to include high proportions of sibling groups.[4]

Research of other disciplines also has tended to neglect sibling relationships. Despite a large body of multidisciplinary research dating from the 1930s, many studies are limited to various aspects of the family constellation, such as the effects of birth order on children.[5] That focus is particularly strong in the sociology literature, while anthropological research has led in the investigation of kinship structures within communities.[6] The emphasis in this review is on the much sparser research into the nature of sibling relationships and the impact of sibling separations.

This article first surveys the interdisciplinary research conerning various aspects of sibling relationships, including sibling rivalry and violence; adult sibling relationships; sex between siblings; comparisons of sibling interactions with those of unrelated children; siblings in therapy; and siblings from stressed and disempowered families. A broad review of these topics allows inferences about the nature of the sibling bonds of foster children. Occasional references to literary sources also help illustrate the sociocultural context of sibling relationships. This article then focuses on the more sparse research about sibling loss and separation. A final section summarizes the professional literature and explores its implications for child placement practice.

Research concerning Sibling Relationships

Sibling Rivalry and Violence

Rivalry and violence between siblings are among the oldest and most prevalent literary themes. The conflict between Cain and Abel is the

first of several fratricidal quarrels to appear in the Bible, and t hatred between the brothers became the prototype for the eteri conflict between good and evil in Augustine's *City of God.* Many oth authors have followed suit, and in the nineteenth century Wilhe Scherer identified the fratricide of Cain as one of the few basic litera motifs.[7] In the medical and social work literature, Green and Tool consider contemporary cases where childhood conflict between siblir involves serious violence.[8]

Sociologists studying family conflict have found that less serio sibling violence occurs frequently in nonclinical family populatioi In a study by Straus, Gelles, and Steinmetz, 80 percent of siblings ag 3–17 had had one or more violent episodes in the preceding yea As part of the study of family violence, professional attention to sibli violence is quite recent. Rivlary, on the other hand, has been a traditioi theme in sibling research. Perlman has noted that the word "siblin rarely seems to appear without "rivalry."[10]

The emphasis on rivalry may reflect the theoretical orientations researchers, as Freudian and Adlerian theory traditionally has consider sibling relationships in the context of competition for parental affection The emphasis on parent-child interaction often has obscured the i lationships between children. It is interesting to note that in a 19 study of children's views of the causes of sibling conflict, competiti for parental attention ranked last, behind explanations such as boredo and protection of possessions.[12]

Of the studies of sibling rivalry, some support the hypothesis th intense rivalry is influenced by parental behavior, while others repo associations between rivalry and characteristics of the children thei selves. These two approaches are obviously not mutually exclusive

Sewall's 1930 study of jealousy and rivalry of preschool childr with younger siblings is one that emphasizes parental behavior.[13] S found strong negative feelings to be associated with parental inco sistency in discipline. Although this was an early study with problei in design, the results are consistent with Ihinger's theory relating t intensity of sibling conflict to the "norms of equity" within the family Her thesis is that conflict is lessened when parental arbitration is co sistent and based on principles that are communicated verbally.

Rabin's studies of kibbutz children lend support to the idea th rivalry is related to family structure and parental behavior. In a coi parison of Israeli children reared in traditional families and in a kibbu nursery, he found that the latter showed markedly less rivalry wi both their biological siblings and the other children from the pe group in which they were brought up. Spiro, who also studied kibbu children, found them to show intense rivalry, but this was linked parental behavior, in this case favoritism toward younger children

The characteristics of rival siblings have been more thoroughly studied than has the behavior of their parents. Early studies, including Sewall's and one by Smalley, identified associations related to age gaps, IQ gaps, and sex of the siblings. Sewall reports that 18 months to 3 years was the age gap of children having the highest levels of jealousy among preschool subjects. Smalley, using a similar but older child guidance clinic population, found no significant association with age gap. She found female pairs to be more jealous than opposite-sex pairs, and her most striking finding was that a large difference in IQ was associated with jealousy.[16]

Smalley's findings about IQ receive support from Pfouts's study of brothers between the ages of 5 and 14. Her hypothesis is that "when siblings differ significantly in culturally valued characteristics, a less well-endowed child will show more hostility toward his sibling than will a more favorably endowed child."[17] Well-matched pairs of brothers, who both scored high on measures of intelligence and personality, were competitive and "happily ambivalent," with mixed but secure feelings about the sibling relationship. Pairs in which one brother outscored the other substantially in IQ, personality adjustment, or both, had relationship problems.

Schachter and others suggest that the way siblings are paired in a family is more closely related than age gap to rivalry.[18] The authors investigated "sibling deidentification" (perceiving oneself as different from siblings) as a means of resolving rivalry Same-sex first-pairs (i.e., sisters or brothers ranking first and second in birth order) deidentified the most, indicating stronger efforts to resolve underlying rivalry.

Bowerman and Dobash's large-scale survey of seventh- to twelfth-grade students living at home takes a broad view of the emotional relationships between siblings. It reveals "fairly high levels of affect among the majority of brothers and sisters, with relatively few [13%] living in a state of conflict and rivalry producing negative feelings."[19] By a small margin, more of the subjects reported feeling close to their siblings than to their fathers (65% vs. 61%). Sex of the respondent was found to be related to sibling affect: more girls than boys reported feeling close to siblings, and both boys and girls felt closer to same-sex siblings.

One of the striking aspects of the literature concerning sibling rivalry is that most authors equate it with jealousy and hostility. Among the few who recognize a positive side to rivalry, Davis and Northway believe that its role is apparent only when viewed over time.[20] Based on a 25-year longitudinal study of a small number of sibling pairs, they suggest that rivalry helps children with individuation. However, at any one point, the building relationship between siblings and the developing individual identities of each may be obscured by competitive,

sometimes hostile, behavior. The view that contention is part of t
growth process is best supported by studies of adult siblings.

Adult Sibling Relationships

Like the childhood sibling relationship, adult siblingship has not be
studied extensively. Lamb and Sutton-Smith's *Sibling Relationships: Th
Nature and Significance across the Life Span* contributes a great deal
the understanding of adult siblings.[21] Their book and the other studi
reviewed here support the conclusion that brothers and sisters a
among the most important sources of reference and support for adult

In a study of college women, Cicirelli reports that the subjec
siblings were often preferred to parents as sources of understandin
help, companionship, and guidance.[22] The preference was most pr
nounced for subjects born late in the birth order and close in age
their preferred sibling. Family size and sibling sex were not clear
related to the findings concerning choice of confidants.

Another study of college students found that 60 percent believ
that their siblings made home life more pleasant, and 70 perce
thought their siblings had a mostly positive influence on them.[23] Adan
anthropological study of young adults also reveals frequent conta
with the siblings nearest in age to his subjects.[24] Most (61%) visit
in each other's homes at least several times a year.

Sibling ties continue to have significance as adults mature. A kinsh
study of clients from a Jewish family service agency in New York four
that, though more adults had contact with their parents than wi
siblings, contacts with siblings were more frequent.[25] Anthropologi
Cummings and Schneider report that, for some adults at some tim
in the life cycle, sibling ties are more meaningful than relationshi
with spouses, and Allan finds that working-class English adults for
strong ties of friendship with siblings.[26]

Because sibling relationships normally last longer than parent-chi
ties, several authors suggest that siblings constitute the primary fami
support system for many elders. Studies confirm that elderly peop
are more likely to have living siblings than other close kin. For examp
Clark and Anderson report that in their San Francisco sample
percent of people over 65 had a living spouse, 61 percent had livi
children, and 93 percent had living siblings.[27] For the elderly, havi
living brothers or sisters is positively associated with projective te
scores revealing feelings of emotional support, challenge, and sti
ulation.[28]

In general, the literature gives a positive picture of relationshi
between adult siblings. Many adults stay in contact with their brothe
and sisters, use them for support, and view these relationships positivel

Sex between Siblings

Much of the literature about siblings focuses primarily on same-sex relationships. There are still many underinvestigated facets of the bond between cross-sex siblings, but recently some researchers have studied the incidence and implications of one aspect of brother-sister kinship, sex between siblings.

Awareness of sexual attraction between brothers and sisters is not new. Some evidence of fraternal incest is found in the existence of religious prohibitions against it, for example the biblical statement, "Cursed be he that lieth with his sister, the daughter of his father, or the daughter of his mother."[29] Indeed, generations before that injunction, the patriarch Abraham had married his half sister.

Sexual themes involving brothers and sisters recur in Greco-Roman and Germanic mythology, Arthurian legend, and in the oral traditions of other cultures, including the Philippines.[30] In literature and mythology, proscribed sexual attraction often appears to underlie antipathy between opposite-sex siblings. Sigmund Freud's observation of the avoidance between adult brothers and sisters in primitive cultures became the basis for his formulation of the fraternal incest taboo.[31] However, theories of natural sibling sexual avoidance advanced by Fox and Shepher, among others, have been questioned on the basis of research demonstrating the prevalence of sibling incest.[32]

Finkelhor reports, from a survey of 796 New England undergraduates, that 15 percent of females and 10 percent of males acknowledge past sexual activity with a sibling. Using a very broad definition of "incest" that includes most forms of sexual touching or exposure between family members, he concludes that "brother-sister incest is far more common than father-daughter. Thirty-nine percent of the incest reported by girls and 21 percent reported by boys was of the brother-sister sort, while only 4 percent of the girls' experiences involved fathers. . . . More surprising, however, is the large amount of homosexual incest between siblings. Brothers were sexually involved with other brothers almost as often as they were with sisters and sisters also reported a fair number of homosexual experiences, one-fifth of all their sibling contacts."[33] What is surprising is that, given the inclusiveness of Finkelhor's definition, more sibling sex was not reported since other authors accept curious looking and touching between children as the norm.

Bank and Kahn explore when and why sexual acts occur between siblings, as well as their possible effects on children. Based on extensive interviews with about 250 sibling pairs or groups, they present a number of principles that appear to guide the development of sexual attachment within the sibling bond: (1) "In the process of sexual unfolding, high-

access brothers and sisters often admire, make comparisons, and engage in sexually tinged play with one another." (2) "Brothers and sisters will sometimes seek love, tenderness, and compassion from one another in a larger context of fear and terror." (3) "The emotional absence of parents can intensify the mutual dependency and sexual curiosity of high-access brothers and sisters."[34] "High-access" siblings are those who, because of similar age, living arrangements, and interests, often become very significant to each other. In addition to access, Bank and Kahn note that environmental stress and the inaccessibility of parental figures often deepen many dimensions of the sibling relationship.

The effects on the participants of sibling sexual relationships have only begun to be explored. Finkelhor clearly has reservations about his own study's findings of greater adult sexual activity and self-esteem in women who report engaging in childhood sex with siblings. He explores the explanation that people with high self-esteem may be more willing than others to report sexual contacts with siblings, and he notes that his college-student sample may underrepresent "people whose sibling sexual experiences led to a truly negative outcome."[35]

Bank and Kahn also reach limited conclusions about the effects of sibling incest. They believe the age of onset to be especially significant: "The younger the participant, the more confusing and potentially damaging is the incest experience."[36] In part, this is because of the exploitive, forced, and even violent nature of the sexual contacts between some young children and older siblings. Evidence of victimization also contributes to Bank and Kahn's conclusion that sisters suffer more long-term ill effects than brothers. The women they interviewed were depressed, had a high rate of substance abuse, and had poor marital and sexual relationships.

The contrasting findings of Finkelhor and Bank and Kahn probably can be traced to differences in their study populations and in their definitions of incest. While Finkelhor includes most kinds of sexual activity, including exposure and fondling, Bank and Kahn consider only heterosexual intercourse and oral-genital contact. It is clear that sexual involvement, like many other aspects of the sibling bond, requires further investigation.

Comparisons of Siblings and Others

Whether there are differences between relationships of siblings and of other juvenile peers is a question overlooked by many researchers. Two studies that address this question are reviewed here, and both lend qualified support to the conclusion that siblings are closer to or better able to help each other than are unrelated children. The issue has obvious relevance for foster care, where children may be placed together with their siblings, unrelated children, or both.

Duberman's dissertation research concerns the "reconstituted" families that result when people with children marry.[37] She notes that many of the children had failed to form meaningful relationships with stepsiblings, although they felt close to their own brothers and sisters. However, relationships between stepsiblings improved over time and were strongest for those in the same household.

The second study, by Cicirelli, evaluated children as tutors of their own siblings and of unrelated children.[38] Half of the subjects were matched with their younger siblings in a learning situation, while the other half were matched with unrelated children of the same ages as their own siblings. The researchers found that girls, who were more effective teachers than boys, were most effective in teaching their own young siblings. The author believes the findings to be related to sex role differentiation and the understanding children have for their siblings.

Cicirelli's findings about the effectiveness of older sisters as teachers may reflect the girls' willingness to interact with younger children. Lamb's investigation of interaction between preschoolers and their 1-year-old siblings revealed that preschool girls directed more social behavior toward siblings than did boys.[39]

Siblings in Therapy

Several authors have discussed the role siblings can play in child or family evaluation and treatment. They suggest that siblings are able both to support each other in therapy and to use help to resolve problems within the sibling subsystem.

Greenbaum reports on the joint sibling interview as a diagnostic procedure in child guidance clinic cases. The identified client is seen with one sibling present in either a play session or an interview, depending on the ages of the children. The author observes that "youngsters frequently participate more naturally or readily when their sibling is present. The brother or sister appears able to reduce the inhibiting effect of direct, solitary confrontation with an adult."[40] This joint diagnostic tool has been used successfully with same- and opposite-sex pairs up to 5 years apart in age.

After several years of clinical work with siblings, Ranieri and Pratt have found sibling group therapy to be a helpful adjunct to family therapy.[41] They describe how group sessions can afford children a time and place to explore their own relationships. Because children know what to expect from their brothers and sisters, their presence in the group seems safe.

Minuchin and his team also discuss sibling therapy from the perspective of work with low-income, urban families.[42] They describe how the children assume a number of group roles that give the sibling

subsystem power to affect the behavior of the siblings and of the family as a whole. Minuchin's team sees sibling interaction in therapy less positively than do other authors, possibly because of the serious family and social problems experienced by the families they describe.

Another view of sibling therapy with multiproblem families is provided by Lewis, who has studied both intact biological families and children in foster care.[43] She emphasizes the use of group sessions with siblings to reinforce their identity and interdependence as a subsystem or network within the family. In the case of children in foster care, who may be separated from siblings as well as parents, Lewis sees sibling therapy as a way of providing "a thread of consistency and predictability for these youngsters which not only helps with the immediate problems of adjustment but builds a trust bank for future relationships."[44]

In an unusually comprehensive article about clinical work with siblings and in their later book, Bank and Kahn present observations based on research interviews and therapy experiences with 250 sibling groups.[45] They conclude that the sibling bonds that influence people throughout the life span are varied and powerful attachments. Therefore, involving siblings in joint therapy can be both a revealing process and one that facilitates change.

Several themes run through the literature concerning siblings in therapy: the intimacy of the juvenile sibling relationship; the influence brothers and sisters have on each other and on the rest of the family; and the capacity and willingness of siblings to help each other. On the basis of her work with families who have experienced a loss, Rosenberg suggests that, when parents are absent or poorly functioning, siblings become highly important to each other.[46] Her views about the effects of parental absence or dysfunction are supported by researchers who have studied families disempowered by poverty and other stressors.

Siblings in Disempowered Families

Much of the sibling research has drawn subjects from white, middle-class, intact families. The literature is much more sparse concerning siblings from the types of families most likely to come into contact with child-placing agencies. However, the few studies that focus on poor, single-parent, or abusing families support the idea that when parents are absent or seriously stressed, sibling relationships gain importance.

From working with poor urban families, many of them black, Puerto Rican, or from other recent immigrant groups, Minuchin concludes that "in our families, the child's behavior, verbal and nonverbal, is frequently responded to by the parent in ways that do not permit the child a clear evaluation of himself or his performance. . . . The quality of parental response or lack of response pushes the child to his siblings

for reflected appraisal, guidance, control, and direction as to how to cope with the familial and outside world."[47] The author's observation that siblings in disorganized families serve a crucial role for each other is consistent with the Bank and Kahn hypothesis that "insufficient parental influence" promotes the development of strong sibling bonds. They report that intense sibling loyalties tend to exist where "the parents had been weak, absent, hostile, or had actually died during the siblings' formative years."[48]

The families described by these authors have obvious similarities to many child welfare clients, and a few additional studies have focused on siblings in actual client families. One early Canadian study notes the marked affection between children in families receiving public assistance.[49] In her study of children from abusing families, Halperin expected to find differences in the way abused children and their nonabused siblings perceived their parents.[50] Instead, she found the abuse victims and their siblings to have similar opinions of their parents, which differed from the perceptions of controls in nonabusing families. However, the solidarity Halperin identified between physically abused children and their siblings differs from other authors' clinical impressions of siblings of incest victims.

For example, DeYoung reports that many nonvictim children in incestuous families either feel jealous of the sexual attention shown to a sibling, or they participate in setting the victim up for abuse out of fear of the abusing parent.[51] Analysis of risk factors in sexual abuse also identifies lack of closeness with siblings as a characteristic of victimized children.[52]

Cicirelli notes that "as interactions within one [family] subsystem decrease, the influence of the other subsystem on the individual is likely to increase. (For example, if parents are neglectful of the children, sibling influence is likely to be strong, and siblings may take over some of the parental role functions)."[53] Another of the same author's conclusions has implications for sibling relationships in families where the father is absent. He found that older adolescents influence and depend on each other most in parts of their lives where paternal influence is smallest.[54] A related finding by other researchers indicates that, while absence of the father tends to depress the cognitive development of children, presence of certain sibling constellations mitigates that effect.[55]

Research concerning Sibling Separations

Overview

Relatively few researchers have addressed the nature of the sibling relationship, but even fewer have considered the effects of sibling

separation. Bank and Kahn are among those who recognize the meai ing of normal developmental separations. "The power of sibling r lationships is most clearly demonstrated when a fundamental chang in the structure of the sibling group occurs. These structural chang have enormous consequences. Trauma, such as the marriage or deat of a sibling, the onset of illness, or even the divorce of a sibling froi a spouse, can jolt a brother or sister. Normal separations can hav profound consequences in that the support and other important pr cesses that buttressed the sibling relationship are no longer takin place or have changed."[56] Some confirmation of these observatioı can be found in fictional and autobiographical portrayals of separatio from siblings. For example, Carson McCullers's *A Member of the Weddin* and Vera Brittain's *Testament of Youth* deal with poignant feelings su rounding the loss of a brother.[57] The professional literature concernin loss and separation of siblings is considered here in two parts: lo through death, and separation in child placement.

Loss through Death

The emotional significance of the death of a sibling may provic insight into the affective meaning of less permanent separations (brothers and sisters. Children, who are less able than adults to sustai relationships during lengthy absences, may be particularly likely t feel that separations are akin to death.

The literature concerning children's reactions to the death of sibling has grown with professional interest in death and dying.[58] Bar and Kahn, who present a particularly thorough discussion of sibling as survivors, note that the death of a child can have serious and lon lasting consequences for the development and psychological health (surviving brothers and sisters.[59]

Like Bank and Kahn, Krell and Rabkin emphasize the ways paren influence how children cope with death.[60] They observe that paren frequently conceive "replacement children" for those who have die These children sometimes carry impossible burdens of meeting the parents' displaced expectations in addition to attempting to develo their own unique selves. Because conceiving a replacement child ca also be a parental response to involuntary child placement, this ol servation has special relevance to the problems of foster care. Unle parents can be helped to resolve their own feelings of loss, they ma not only be unable to help the child's siblings, they may also bring new child into the family at a particularly difficult time.

Kübler-Ross points out that people typically feel guilt about pa actions or feelings following the death of a significant person. Furthe "since children cannot yet differentiate between the wish and the dee they may feel a great deal of remorse and guilt. They will feel responsib

for having killed the parents and thus fear a gruesome punishment in retribution."[61]

Given the inherently ambivalent nature of sibling relationships, it is likely that children have similar guilt reactions to the death or disappearance of a sibling. In support of this idea, Bank and Kahn observe that when a sibling relationship has been predominately hostile, the guilt reaction is particularly acute. "When vindictiveness and hatred have provided inner satisfaction in the days, months, years before a sibling's death, the survivor's mourning will be shot with guilt."[62]

Separations in Child Placement

Separation is generally thought to have significance for children only when a bond of attachment exists with the lost person. Bowlby's finding that almost all children show attachments to people other than their mothers by the age of eighteen months is therefore important.[63] He reports that fathers and siblings are the most frequent attachment figures besides mothers.

One case of extremely severe reaction to separation from siblings concerns a healthy, developmentally advanced, nineteen-month-old girl from an intact family that included a five-year-old brother and three-year-old sister. Extreme depression and lethargy resulted when the child was separated from her siblings. Although other separations and disruptions also occurred, Meyendorf suggests that separation from siblings was the most influential factor.

> We called the syndrome of depression, retardation and starvation a "reaction" to the separation from siblings and would like to summarize the points: 1) R. was one week without her mother with a first mother substitute [aunt], together with her two siblings and did not show any signs of emotional disturbance; 2) she developed the depressive syndrome after she was separated from her siblings and brought to a second mother substitute [another aunt]. However, at a previous stay with this second mother substitute, together with her siblings, she was happy, undisturbed, and very fond of the second mother substitute. She showed no emotional disturbance; 3) while separated from her siblings she gave evidence that she was missing them, especially her brother, by being preoccupied with them in thought; 4) when her parents met her after one week, she was awaiting her siblings as well; 5) her depressive syndrome *deteriorated* after the parents went to their old home with R., and R. did not meet her siblings there, and 6) R.'s condition started to *improve* the moment she met her siblings even outside her home environment.[64]

Such a separation reaction is highly atypical in its severity. The behaviors described are usually seen only in young children who are deprived of adults to meet their emotional needs.

Attachment bonds with parents are usually conceptualized as growing out of a caring relationship that meets a child's physical and emotional

needs. Attachment to siblings, though, appears to be independent of their ability to provide care. Observations by Heinicke and Westheimer indicate that children in placement are reassured by the presence of a sibling, even one who is too young to provide any substitute parenting.[65] This is consistent with the Bank and Kahn hypothesis that strong sibling bonds develop, not out of caretaking, but out of high levels of "access" between siblings and insufficient parental influence.[66]

Although case reports like Meyendorf's are useful, more systematic study of sibling separation is obviously needed. Considering the amount of foster care research conducted during the past 50 years, it is surprising that so little attention has been paid to separation of siblings in child placement. Nor have other questions about siblings in foster care been answered satisfactorily. One published paper, more than 30 years old, reports the incidence of sibling separation in a child placing agency. Hurvitz, writing about an established Jewish agency in Brooklyn, notes that 54 percent of the sibling groups then in care were separated.[67]

According to Zimmerman's survey of adult former foster children, 77 percent were placed with one or more siblings during all or part of their placement, while 23 percent were separated from all siblings for the whole time.[68] Similar findings from Hegar's cross-sectional study reveal that 67 percent of a Louisiana sample was placed with at least one sibling, and 38 percent shared placement with all siblings in care. Those most likely to experience sibling separation were older, from larger sibling groups, had developmental disabilities, were placed in residential institutions or schools, or came into custody at different times than their brothers and sisters.[69]

Most of the available research is British and dates from the period of formative research into the effects of separation from parents, the mid-1940s to the mid-1960s. The earliest study evaluated the adjustment in foster care of 587 children evacuated from London to Cambridge in the first years of World War II. Significantly more children who were accompanied by siblings adapted well: "The presence of the child's own brothers or sisters in the foster home is, therefore, clearly favorable to ease of adjustment to the new home, while, so far as our figures show, the presence of other evacuated children or of [local] Cambridge children has no such effect. This suggests that it is not the presence of other children but the continuance of part of the child's own family life that is important."[70]

Almost 20 years later, Trasler's report about English children in long-term, public-agency foster care compares placements that were stable for 3 years with those that broke down within the same study period.[71] The presence of a sibling was a characteristic of the stable placements as was the presence of an unrelated foster child. The presence of a child of the foster parents was not associated with stability.

Trasler's findings differ somewhat from Parker's conclusions in his study of long-term foster care in Kent, England. In order to develop a predictive instrument for foster care stability, Parker compared placements that lasted for 5 years with those that were disrupted within that period.[72] The presence of the foster parents' own child was found to be a major predictor of placement breakdown. However, the presence in the home of siblings or other foster children was not associated with either stability or disruption.

While the three British studies described above deal with long-term placements, a fourth by Heinicke and Westheimer focuses on residential nursery placements lasting from a few days to several weeks. The preschool children were systematically observed during placement, and, on the basis of the frequency of various behaviors, the authors address the question of how siblings affect a child in brief placement. "How then do the reactions of the children who were accompanied by a sibling differ from those who were not? . . . We found, during the first two weeks of separation when a sibling was present, that the children cried less for their parents, . . . expressed severe hostility less often in doll-play during the first week of separation and also . . . during the second week. . . . In other words the frequency of the reactions that are typical of children admitted to a residential nursery is diminished by the presence of a sibling."[73]

Sibling separation has received less emphasis in foster care research in the United States than in Britain. One published American foster care study that treats sibling separation as a variable in placement outcome involved 115 placements of sibling pairs in Wisconsin between 1967 and 1972 and the results were mixed. Aldridge and Cautley note that "twenty-two percent of placements involving siblings were seen by the worker as working out generally poorly, compared with 39% of those placements where only one child from a given family was placed."[74] However, the group placed with siblings was somewhat younger and had fewer previous placements and fewer problems than the group placed singly. Because of the many uncontrolled variables, the conclusions from this study are very tentative.

Zimmerman's retrospective study of former Louisiana foster children provides another view of the experiences of siblings.[75] She reports that 40 percent of her adult subjects told interviewers that they would have liked to see their siblings more often while they were in foster care. In contrast, only 30 percent wanted to see their parents more than they had. Of those who had been placed with none of their siblings, 60 percent would have liked to see brothers or sisters more frequently.

These few studies of sibling separation, which span 45 years, support the conclusions that siblings who enter foster care are important to

each other, that they can help each other in placement, and that some agencies do succeed in finding joint placements for many sibling groups. However, the British findings about adjustment of siblings in care have not been confirmed satisfactorily by research in the United States. Because of differences in child placement law, demographic characteristics, and social conditions, the British foster care populations studied may differ greatly from the population of children now in foster care in the United States.

Summary and Implications for Child Placement

This review, which draws from the research of several disciplines, suggests that brothers and sisters influence each other profoundly. The findings presented here indicate (1) that brothers and sisters usually have meaning for each other that unrelated children lack; (2) that exaggerated sibling rivalry is associated with particular parental behaviors and with specific characteristics of children, and there is no evidence that destructive levels of conflict are common; (3) that a small proportion of siblings become sexually involved with each other, with unclear consequences; (4) that juvenile siblings frequently are able to help each other learn and change; (5) that sibling bonds are major sources of emotional support for many adults; and (6) that loss of a sibling is a traumatic experience, while presence of a brother or sister may ease adjustment to other stresses or losses. Further, several theorists and researchers suggest that parental absence or disorganization promotes close bonding between siblings.

Based on this review of the literature, it is reasonable to expect most children who are at risk for placement in foster care to be bonded closely with their siblings. By definition as children-at-risk, they tend to come from families with "insufficient parental influence," to use the Bank and Kahn phrase. Many also receive the ambiguous feedback from parents that Minuchin claims "pushes the child to his siblings" for information and help.[76]

If siblings are placed together, foster care intensifies the experiences that can be expected to deepen their ties. Cicirelli notes that less frequent contact with parents and other relatives is likely to increase the importance of the sibling subsystem of the family, a view that is consistent with Rosenberg's conclusions from clinical work with families that have lost a parent.[77]

Of children who enter foster care, research into placement outcome reports comparatively favorable adjustment for those placed with siblings. The research suggesting that siblings in foster care have had experiences that are likely to make them closely bonded, coupled with findings of the few studies addressing the adjustment of siblings in foster care, call for a reassessment of several areas of child placement

practice. The final sections of this article draw out the implications of the literature for three issues in child placement practice: (1) developing placement resources for siblings; (2) deciding whether to separate siblings; and (3) helping siblings cope with unavoidable separations.

Developing Placement Resources for Siblings

Efforts to help siblings in foster care are hampered seriously by the lack of foster homes and other resources for sibling placements. A study of public agency foster care staff in one state reveals that workers are highly pessimistic about finding shared placements for sibling groups; 66 percent of respondents scored low on a measure of optimism about being able to keep siblings together.[78] If many siblings are separated because of constraints in the placement system, rather than by plan, then developing appropriate placement resources is necessary to meet the needs of siblings in foster care.

In an earlier era, sibling groups often were placed together in orphanages. Although Kadushin notes that accommodating family groups is still a function of child caring institutions, Child Welfare League of America standards stress that foster homes, not institutions, should be sought for siblings.[79] Whether or not such placements would be desirable, present-day institutions are only occasionally a resource for sibling groups because they tend to admit children in a narrow age-range, those whose special needs justify restrictive placement, or both. Because only children requiring treatment can be placed in restrictive settings, residential placements often cannot be a resource for siblings who do not share the same treatment needs.

However, these limitations do not apply to nonrestrictive facilities, and agencies can work to develop small group homes and large foster homes specifically for sibling placements. This approach would require that foster parents or group-home staff be well prepared to work with children of both sexes and widely varying ages. Special training concerning the nature of sibling relationships and ways to help siblings in placement would be needed. Foster parents can also be selected for their willingness to accept and value the goal of maintaining sibling ties. One study indicates that foster care staff who have siblings themselves and those who have more children of their own place a greater value on sibling bonds and other biological kinship than do other staff.[80] The same may be true of foster parents and group home staff.

Deciding Whether to Separate Siblings

Child placement literature and standards suggest that the quality of the relationship between siblings be considered in the decision of

whether to place them jointly or separately.[81] Conflict and violence, or perhaps merely animosity or competitiveness, sometimes become rationales for separation. This practice requires reconsideration in light of evidence that rivalry, and even some violence, occurs between most juvenile siblings and does not necessarily indicate a destructive relationship.

Some guidance for when to separate siblings due to relationship problems can be found in the studies reporting destructive levels of conflict when one child is more limited in intellect or other socially valued traits. If the relationship between siblings is stressful for both, and if one is the consistent loser in competition for adult affection and approval, then a separate placement for that child may help develop self-esteem. This is not an argument for separating children just because they are different; the stress to their relationship is a key variable. Nor is there any support in the literature for choosing to separate siblings because one has a caretaking role toward the other. Like rivalry, that is a normal part of many sibling relationships, one which is particularly functional and encouraged within some American ethnic subcultures.

Decisions about whether to separate foster children with relationship problems need to be informed by research indicating that siblings who grow up together report liking and mutual support when they reach late adolescence and adulthood. Because the consequences of separating siblings in childhood may be life long, one of the factors to be weighed is the potential loss of relationships that are known to be among the most important sources of support for adults.

The placement needs of siblings who have become sexually enmeshed also require special consideration. Bank and Kahn conclude that sexual involvement may arise when siblings in a frightening environment cannot rely on their parents for comfort and protection. This conclusion has particular relevance for children caught up in the child placement system, where stress is often pronounced and parents are not readily accessible.[82] Present child placement practice probably leads to the prompt and sudden separation of most brothers and sisters who are discovered to be sexually involved. While separation may be necessary, each situation requires careful individual assessment to weigh the benefits and harms that are likely to result from separate placement. Research into the long-term consequences of sibling incest suggests that its impact varies, particularly with the age gap between the siblings and the degree of coercion or force involved. When separation is necessary for mutually attached, sexually enmeshed siblings who do not want to be separated, the children require the same kinds of preparation and support needed to cope with other losses. Lack of sensitive social work help is likely to intensify the feelings of guilt that result when sibling incest leads to involuntary separation.

elping Siblings Cope with Separation

'hen separate placement of siblings is unavoidable or when careful dividual assessment determines that it is desirable, children require .e same assistance that good practice dictates when children lose ırents or other attachment figures. Zimmerman's finding that more ırmer foster children would have welcomed increased visitation with blings than with parents suggests that particular attention be given maintaining ties between separated siblings.[83] So does the suggestion / LePere et al. that more adoptees seek information about siblings ıan about birth parents.[84]

Although agencies may be mandated by law and court orders to romote visitation between foster children and parents, they are less ‹ely to be required to maintain sibling relationships among foster ıildren. However, this is a shortcoming in placement practice that ıs been criticized in the legal literature and cited in class-action suits ;ainst child placing agencies. As legal protection for the interests of ıster children becomes a more prominent feature of the child welfare 'stem, agencies may be ordered more frequently to place siblings ıgether or to maintain their ties in foster care.[85]

In addition to contact by telephone, letter, and sibling visits, both ı conjunction with and apart from parental visitation, siblings can se other types of help to maintain their ties. Agencies can consider ıint therapy sessions for children in treatment, shared vacations with ıster parents or relatives, respite care that makes use of one sibling's lacement for temporary care for another, and efforts to place separated blings in the same neighborhoods and schools. Assigning siblings to ıe same foster care worker is likely to promote awareness of their eeds, as are agency tracking systems that flag related children in ıster care.

onclusion

'he theory and research presented here suggest that brothers and sters are of great importance to children who enter foster care. The ıster care population is composed of family groups of children whose onds to each other deserve greater recognition. Agencies can show ıis recognition by avoiding separating siblings unless careful assessment ıows it to be advisable, by working to help separated siblings maintain ıeir ties, and by treating sibling groups as special-needs children for 'hom specialized placements need to be developed.

Iotes

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Interventive and Preventi[illegible] Services for Vietnamese Chinese Refugees

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Providing services for refugee populations is often a difficult task. Many prog are based on short-term models that treat the crisis at hand yet fail to acknow the chronicity of problems inherent in the refugee situation This article pre a service model based on findings from a survey of 301 Vietnamese Chinese ref awaiting permanent resettlement. Results show that, although refugees we periencing considerable stress, they were reluctant to seek professional help. Eff intervention may increase when service models emerge from an examinati practice research, when they employ an ethnically sensitive prevention-based m and when they emphasize a continuum of care from camp to community.

Inherent in providing services to refugee populations is a felt of urgency. In the case of Southeast Asian refugees, we see a p who have traveled half way around the world, who have sustaine traumas of war, who have been forced from their homeland, an have suffered repeated losses in their lives. Because many of us i social service community are sensitive to the multiple stresses experi by refugees, a desire to help may result in quickly establishe poorly designed service programs. Those who have developed pro to serve Indo-Chinese refugees cite problems such as insufficie

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of available services by refugee groups despite need, failure to establish initial trust between service provider and client, negative refugee experiences with community sponsors, and limited community support because of program failure to identify and ally with community sources of power.[1] As a consequence, the needs of refugees often remain unmet. As social service providers, it is incumbent upon us to examine why programs have failed to provide optimal results and to posit new models of service to better meet the needs of this vulnerable population.

A plausible reason for program inadequacy is the lack of empirical knowledge of client characteristics and needs. By collecting and examining empirical data on refugees prior to program implementation, we are more likely to provide a better fit between client need and service provision. The crisis nature inherent in the refugee's situation will not change. However, by informing the refugee of what to expect and informing service providers of the cultural, social, and life-stress differences between refugees and other client populations, the probability of program success will be enhanced.

Based on findings from practice literature and from a survey of Vietnamese Chinese refugees, this article will present a service-delivery model that may further sensitize practitioners to the needs of the refugee.

Study Purpose and Method

The flight of Vietnamese Chinese refugees from Vietnam can be classified as an acute refugee movement resulting from the overwhelming push of political repression and war.[2] This group of refugees, often referred to as the "boat people," were part of the second wave of Southeast Asian refugees who left Indochina between 1978 and the early 1980s. Their escape from Vietnam was unplanned and unanticipated and often occurred without a final destination in mind.[3] Upon escape, most spent months in tempoı ary refugee camps in Hong Kong, the Philippines, Indonesia, or Thailand before permanently resettling in their host countries. Because of the stressors associated with war, these refugees are at particularly high risk of psychosocial difficulties.

The effects of stress on well-being have been well documented.[4] In addition, elements of social support, such as having a sense of ties to a community and confidence in its protectiveness and, particularly, feeling part of a social or family group, have been found to buffer stress. Such buffers enhance people's ability to adjust to change and help to reduce symptoms of mental dysfunction.[5] This study, therefore, examined the differing types of stress Vietnamese Chinese refugees experience, including stress induced by the escape and the trauma of war, camp-related stress, and stress experienced within the normal

course of daily living. Further, this study examined the buffering of family social support on the relation between stress and r well-being. Finally, another factor that heavily influences succ outcomes in service delivery is client attitude toward help seek variable that has been found to differ across cultures.[6] Henc study also examined the refugee's attitudes toward help seekin

Sample Selection

Data reported here come from a 1981 survey of 301 Vietn Chinese refugees who were residing in Hong Kong refugee awaiting permanent resettlement in a number of host countri cluding the United States. Respondents were heads of house referred to the study by camp administrators. Although generali is more limited with purposive sampling, at least one family sentative from each barrack in each of five camps was intervi thereby assuring some degree of representativeness in samplin

Data were collected by trained Cantonese-speaking research per through face-to-face interviews that lasted approximately 1½ l The interview schedule was translated into Cantonese by Vietn Chinese volunteers and was reviewed and revised by a Vietn medical practitioner. Ability to generalize study results across cu may be limited as Vietnamese Chinese respondents may differ other Indo-Chinese groups.

Respondents were primarily male (81%) and married (69%) a mean age of 35 years. Educational attainment was limited. A the refugees, 70 percent had the equivalent of a junior high education or less. Respondents were likely to have been emplo manual workers in Vietnam. Over two-thirds had been skilled, skilled, or unskilled laborers, while only 6.1 percent had been emp as professionals, small businessmen, or as clerical/sales personn

Operationalization of Variables

The variable "life events" was measured by both the number an of events experienced within a 24-month period prior to the In addition to events listed in the Holmes and Rahe Schedule of R Life Experiences,[7] events related to the escape and camp expe of the Vietnamese Chinese refugee were included. Responses summed, giving a measure of the number of events experience allowing classification of events by type, time, and place.[8] Indi of camp experience were employment in camp, the number of m spent in camp, and the number of camps lived in. We predicte the greater the number of months the refugee resided in camp the greater the number of camps lived in, the poorer would l emotional well-being. Further, we predicted that employment in

might provide a diversion from stressors. The variable "well-being" was assessed through the Langer 22-item Index, a short self-report symptom checklist measuring overall mental health, and through the Zung Depression Inventory. Instruments have been validated in previous research[9] and yielded acceptable levels of internal consistency ($\alpha > .75$).

Three variables were used as indicators of the availability of social support: the respondent's marital status (single, separated, divorced, widowed, or married), the location of family members (all in Hong Kong and in the same camp, in Hong Kong but in different camps, or family members dispersed elsewhere), and the number of family members in the household. We predicted that those respondents who were married, those who resided with at least one other person, and those whose families were located in Hong Kong would report greater well-being.

The variable "attitudes toward help seeking" was measured by eight Likert-type items, four of which addressed the acceptability of receiving concrete assistance and four of which were on the acceptability of receiving emotional help. A limitation of this study is the potential of cultural bias inherent in the instruments, as none was developed or validated specifically on Asian populations.

Findings

Mental Health Status

Findings from a number of perspectives indicated that psychosocial difficulties were already being encountered by refugees prior to their arrival in their host countries. As shown in table 1, 41 percent had

Table 1

Measures of Emotional Well-Being ($N = 301$)

Measure	$\bar{X}$	
Langer score	3.3	41% > 4.0*
Zung depression score	39.7	8% > 53.0†
Zung depression score	...	77% > 33.0‡

Note.—Responses to Langer items were dichotomized into pathognomonic and nonpathognomonic responses. Items were summed, with possible scores ranging from 0 to 22. The Zung Depression Inventory consists of 20 Likert-type items. Items were summed, with possible scores ranging from 20 to 80.

* Cutoff point indicating high risk of psychiatric impairment.

† Mean Zung depression score for a hospitalized sample.

‡ Mean Zung depression score for a normal population sample.

Table 2

PROBLEMS IDENTIFIED BY RESPONDENTS AND HOPE OF RESETTLING IN COUNTRY OF CHOICE

Problems	%
Concrete problems:	
Language	52.1
Employment	17.8
Family reunion	13.7
Finances	7.9
Children's education	5.5
Other problems	.3
None	2.7
Emotional/psychological problems:	
Loneliness	30 3
Uncertain future	29 2
Family disputes	16.5
Depression	2 8
Other problems	2.7
None	18.7
Hope of resettling in country of choice.	
Very high/high	59.8
Moderate/poor	40 2

Langer scores above the cutoff point indicative of high risk for psy(impairment (4.0). While Zung depression scores were well witl normal range for most of the sample, 8 percent scored in the der range (53 and above). In addition, the majority of the sample \ some risk for depression as they scored above 33, the mean s(a normal community sample.[10]

A number of concrete problems were identified by responder table 2). Many of the problems dealt with pragmatic concerns reg their future—language, employment, finances—while others resulted from stressors arising from their current circumstances refugee camps—uncertainty about their future, family dispute loneliness.

A final indicator of the emotional well-being of these refuge their degree of hope of resettling in the country of their choice, for a majority of respondents, was the United States. As sh(table 2, slightly more than half of the respondents rated thei as high or very high. An analysis of variance showed that thos high or very high hope also had significantly lower Langer score 7.7 , p = .006) and significantly lower Zung depression score 18.1, $p < .001$) than did those with moderate or poor hope.

Life Events and Camp Experience

A factor associated with the mental status of the refugees in the s was the number of life-change events occurring within a 24-

period prior to the interview. The number of these events reported ranged from 0 to 22, with a mean of 7.5. This finding is consistent with those from other studies conducted on similar refugee samples.[11] The number of life events was significantly correlated with the number of symptoms reported on the Langer index ($r = .33, p < .001$) and with Zung depression scores ($r = .22, p < .001$). An explanation as to why the correlations with our two mental health scales differed might be that the Zung inventory measures solely depression, whereas the Langer scale measures global mental health. Thus, the higher correlation with the Langer index may indicate that life events not only contribute to depression but have a negative effect on mental well-being in general.

Contrary to what might be expected, as table 3 shows, the more "traumatic" life events of physical illness and injury, death of a family member, and the total loss of property were among those events less frequently reported. In keeping with our expectation, those events that occurred as a result of relocation, especially those events associated with relocation as a refugee, occurred most often. These included shortage of food, water, and medicine during the escape to Hong Kong, separation from extended family, and resignation from or change of job. Other events cited with some regularity included separation from members of the immediate family, wife beginning or ceasing employment, and birth of a child.

Another critical factor having an impact on the psychological well-being of refugees was their experience in the refugee camps. It is this period in the process of resettlement that is often overlooked in the research and practice literature and in the planning of service-delivery models. Findings from this study seem to indicate that these refugees were living under difficult camp conditions; their life was characterized

Table 3

PERCENTAGE OF RESPONDENTS REPORTING SELECTED LIFE EVENTS ($N = 301$)

Event	% Reporting
Shortage of water (during escape to Hong Kong)	58 0
Change of jobs	53.8
Shortage of food (during escape to Hong Kong)	49.5
Separation from extended family	45.8
Resignation from job	36.9
Shortage of medicine (during escape to Hong Kong)	36.0
Separation from immediate family members	18.6
Wife beginning or ceasing work	18.6
Birth of a child	18 2
Physical illness or injury	15.0
Total loss of property	13.3
Pregnancy	12.6
Death of a family member	2.2

by instability, uncertainty, and stress. Most refugees had been ii
for more than a year, the average stay being 18 months. Of
refugees, 60 percent had lived in four or more different ca
majority, 78 percent, reported little participation in camp a
and nearly 40 percent were unemployed while in camp. As pr
two factors, the number of camps lived in and unemployment i
were significantly associated with depression scores ($r = .22$,
and $F = 3.17$, $p < .01$, respectively) but not with Langer scoi

Social Support and Its Buffering Role

As is shown in table 4, a large majority of respondents were
a family unit. Over two-thirds were married, and over three-
of the sample had family members living in Hong Kong.
percent reported family members elsewhere (in Vietnam, i
countries, or unknown), and 13 percent were living alone.

Table 5 explores the impact of social support as a buffer l
the occurrence of life events and mental status. A buffering
reflected by the extent to which the relation between life eve
mental status differs for varying levels of social support and d
camp experiences. That is, if the correlation between life eve
mental status is reduced in the presence of social support, stress b
has occurred.[12] The data in table 5 reveal such a buffering eff
correlation between life events and Langer scores was signi
weaker ($p < .05$) in those respondents who were married o
with others. We see similar significant differences ($p < .05$)
correlation between life events and depression scores with re
the location of family members and to employment while in the
The remaining differences between correlations, while not stat
significant, also point to the buffering effect of social support

Table 4

MEASURES OF SOCIAL SUPPORT ($N = 301$)

Measure	%
Marital status	
Single, separated, divorced, widowed	31 1
Married	68 9
Location of family members	
All in Hong Kong and in same camp	46.7
All in Hong Kong but in different camps	3.8
Some in Hong Kong, some elsewhere	38.2
All in Vietnam	5.9
All resettled in other countries	.7
Don't know whereabouts	1.4
Other	1 7
Living alone	12 6
Average number in household	5 4

Table 5

BUFFERING EFFECTS OF SOCIAL SUPPORT AND CAMP EMPLOYMENT ON EMOTIONAL WELL-BEING (N = 301)

	Correlation between Life Events and Langer Score		Correlation between Life Events and Zung Depression Score	
	r	z	r	z
Social support:				
Marital status				
Single, widowed, divorced	45*	1 74*	32*	1.36
Married or living with others	26*		.16*	
Location of family members				
In Vietnam, other countries, don't know	47*	.97	65*	2 99*
All in Hong Kong, some in Hong Kong, in same camp	.31*		18*	
Number of persons in household				
One person (alone)	37*	65	34*	1 17
Two or more persons	27*		15*	
Camp employment				
Employed in camp	45*	1 34	49*	3 06*
Not employed in camp	33*		18*	

* $p < 05$

Attitudes toward Help Seeking

Although these refugees were experiencing considerable stress, our data reveal a general reluctance among them to utilize formal helping sources for either psychological or material assistance. Over three-quarters of the sample felt that people should work on their own problems rather than obtain psychiatric help. In addition, respondents believed that there was something admirable in the attitude of a person who is willing to cope with conflicts and fear without resorting to professional help. Although the majority of those surveyed (70%) felt that refugees are neither willing nor glad to accept an allowance, 62 percent felt most refugees would accept an allowance if they needed it.

Summary and Discussion

Findings from our survey of 301 Vietnamese Chinese refugees located in five Hong Kong refugee camps showed that psychosocial stressors, particularly those associated with relocation, were being encountered by refugees for a lengthy period of time prior to their arrival in their host countries. These stressors were significantly correlated with measures of depression and overall mental health, and their effect was buffered by family social support and employment while in camp. Findings also revealed a culturally defined reluctance to seek and utilize formal sources of material and psychological help. However, as a last resort, many reported willingness to accept instrumental help.

In the presence of a general reluctance to seek help, preresettlement stressors may have a negative impact on psychosocial resources of refugees, leaving them increasingly vulnerable and less able to cope with the many predictable additional stresses that accompany adaptation and adjustment to a new and culturally alien environment. Unless findings such as these are taken into account in program development, services designed to meet the needs of this high-risk population may be ineffective and may even produce further stress. In the following section, we present a model of service provision for Indo-Chinese refugees based on our research findings and on findings from practice literature.

A Model of Service

As service providers we often overlook basic cultural differences when designing programs for clients who are not a part of the majority culture. The Southeast Asian refugee lives by a different set of cultural norms and mores than do many clients seen in American social service agencies. For example, mental distress of one family member reflects on the family as a whole and is regarded as a family responsibility

rather than an individual's problem. Further, the causes of mental distress are frequently thought to have somatic origins rather than psychodevelopmental ones, and cardinal coping strategies center on maintaining face rather than working through feelings. Given these cultural differences and the findings from our data, we suggest that, in designing successful programs for Vietnamese refugees, service providers should consider five major factors: the location of intervention, its timing, the duration of intervention, the style of intervention, and the sanctioning of intervention.

Location, timing, and duration of intervention: A continuum of care.—It is expected that services will be provided in the community to which the refugee relocates. However, our data reveal that a large number of refugees are at risk for psychiatric impairment for lengthy periods of time prior to relocating. Further, research indicates that many refugees continue to feel vulnerable, even years after their resettlement, largely because they have not achieved the socioeconomic level that they had expected.[13] Hence, refugees have service needs, both prior to and following community resettlement, needs that have not been sufficiently recognized by the social service community. These gaps in service suggest the need to employ a prevention model emphasizing a continuum of care over time from camp to community.

Because problems are inherent in the refugee status, primary prevention (intervening in a targeted, problem-free population) is not possible. However, early problem solving may be very useful in alleviating stress.[14] It is not uncommon for refugees to reside in resettlement camps both overseas and in the United States prior to resettlement in U.S. communities. In light of this situation, upon arrival in camps, wherever they may be located, refugees may benefit substantially from a program of anticipatory guidance:[15] direct education about the realities and predictable incidents and resulting reactions they may experience when residing in resettlement camps. In our study, language, employment problems, loneliness, and uncertainty about the future were frequently identified problem areas. Intervention through anticipatory guidance would lead refugees to anticipate such problems. Hence, anticipatory guidance may reduce stress, as well as make the act of help seeking seem more acceptable. Through this process, the refugee may experience a heightened sense of internal control and, subsequently, an attenuation of common symptomatology such as anxiety and depression.

Because our data indicate a need to support the refugee through the long camp experience prior to community resettlement, a number of secondary prevention efforts, including crisis intervention, early problem solving, and "midtransition guidance,"[16] could be instituted on campsites. Specifically, our data point to the need for reducing the subsequent number of changes in relocation, reducing the number of

months spent in camps, providing temporary employment opportur for refugees at the campsites, and sustaining social supports. refugee's emotional state is not unlike Van Gennep's classic acc of the rites of passage, which he named the "liminal" period,[17] point between induction into a major life change and the foı ending of the transition. Research suggests that those exposed to l periods of living in uncertainty become psychologically and physi drained, even disabled. In view of the draining effects of stress of kind, periods of escape, as in the celebration of cultural holidays, needed.[18]

Further, once community settlement is realized, posttransition g ance and tertiary prevention services are needed. The type of that refugees require during the posttransition period depends lar on the degree of life stress they have endured, whether they l acceptable employment, the level of resolved grief over loss of previous life-style, and resulting psychological adjustment. Here task for social service providers often involves helping refugees b to resolve conflicts between conserving traditional ways and explo new ones. It is not uncommon for this process to take a perio years, and hence the need for extended services. Refugees need a interventive, community-based approach, one that provides a re of assumptions about the homeland and also provides informa and training to acclimate the refugee to his or her new world.

In this community-based approach, sites of interventive ser should be easily accessible to refugees. Long wait-list policies sh be avoided. Where possible, dividing service hours to separately s Vietnamese, Laotians, and Cambodians is preferred, as this m provides opportunities for clients from within the same nationali socialize.[19] Because of the refugee's reluctance to use traditional Aı ican mental health facilities, providing home-based services and c munity-based services, such as those located within churches, sch community centers, and shopping centers, has greatest potentia reaching those in need.

Help-seeking behavior and service provision.—Help seeking am Southeast Asians is widely discussed in the practice literature.[20] findings confirm the results from previous research. Most refu reported a general reluctance to use formal sources of help and that people should be willing to cope with their own problems witl resorting to asking for professional services. Consequently, we conf a dilemma: here are a people who, because of their refugee st are in need of supportive services. Yet cultural mores act to rest help seeking. And other literature indicates that, upon reques help, services received often miss the mark and may even pro further stress.

A number of changes must be made in order to more effecti serve Vietnamese refugees. First and foremost, we might rethink

role in the helping process and adapt ourselves to values commonly held by refugees. Some prefer to employ a progression of help seeking: first from the immediate family, then from extended family, friends, monks, the temple, and through prayer.[21] Our data point to the buffering effects of such family support on stress. Therefore, in light of these findings, service providers involved with refugee placement need to make concerted efforts to place families together or to create support systems for refugees who have no social network. Further, rather than defining our primary mission as providing direct clinical services, we might meet needs more effectively by serving as case managers, linking refugees with natural helping networks such as family and friends, previous refugees, and other indigenous health care providers such as priests and monks. The role of the service provider may evolve into one that provides education and training to the support network itself. The technique of link therapy describes this process and has been accepted as effective in helping various ethnic groups with problems associated with acculturation.[22] The client's trusted family members or friends or previous refugees are empowered when they act as part of the service-provision team. Consequently, these new service providers themselves may gain a greater sense of internal control and a validated status within their world.

Perception and definition of stress: Despite growth in practice literature, many social service providers lack knowledge about how refugees perceive and define problems and stressful events, about their health beliefs and practices, and about their expectations of the treatment process. Consequently, procedures designed to help may actually result in provoking further stress. Findings from our study reveal that refugees most frequently reported life events occurring as a result of refugee relocation rather than those associated with the trauma of war. In addition, our findings suggest that camp conditions, including multiple shifts in camp assignment, prolonged isolation from family members, and lack of suitable employment, are problems associated with anxiety and depression. Such problems can easily lead to despair. In addition to those problems noted, marital problems and role loss are often present following resettlement because of frequent shifts in family hierarchy associated with female employment. Psychosomatic and other physically based problems and strained relationships with sponsors are also frequently experienced as stressors.[23] And posttraumatic stress disorders may not surface until after resettlement. Hence, service workers should be aware of the cumulative effects of stress, of most frequently experienced problems, and of possible shifts in problems and stressors that refugees identify.

Because our findings suggest that most refugees would accept instrumental help if needed, chances for accepting help are increased when service providers frame the refugee's presenting problem as being associated with an expected, normative response to stress and

a need for instrumental help, rather than being associated with psychodevelopmental causes. For example, marital discord or problems with somatization could be normalized and reframed as a predictable, albeit an unpleasant, reaction to external stressors such as underemployment or inadequate housing. Service providers could then proceed on a number of different levels, attempting to provide instrumental help where possible, providing supportive treatment, or providing link therapy through a care giver indigenous to the client's culture. In addition to the implications from findings in our study, service providers may benefit from a review of health beliefs and practices of Indo-Chinese populations in developing service models.

Health beliefs and practices: Our ability to treat Indo-Chinese refugees effectively may be encumbered by our lack of knowledge about their beliefs concerning the etiology and treatment of illness. Notably, health behavior of some refugees may be influenced by their beliefs in traditional medicine, such as in the hot and cold theory of disease (in which a temperature balance in diet must be maintained for health), or as in *phong*, an illness producing wind in the body.[24] Beliefs in organic, somatic, and supernatural causes of mental illnesses are held, as opposed to belief in psychosocial developmental causes of impairment, a cardinal tenet in the belief system of American mental health providers.

By accepting the client's view of the etiology of the presenting problem, we create a context for building trust in the service worker, a component crucial to the helping process.[25] Only then might other external life issues be addressed. Advising prayer or the use of other stress alleviating and culturally indigenous practices are examples of ethnic-sensitive service provision.

A further issue that may impede effective intervention involves conflicts in assumptions about the therapeutic process itself. The ethic of "working through feelings through the talking cure" and of abreaction, so valued by American social service providers, is antithetical to the Vietnamese value of maintaining face during times of high stress.[26] As American clinicians, we have often failed to note, let alone make good use of, core values held by many Asian clients; rather, we label these values "withholding feelings," a deviance that requires treatment. Repeatedly, we confront a lack of fit between worker and client expectations of the helping process. The literature contains many accounts of American clinicians' perceptions of Asian clients as having gender-role rigidity, blunted affect, withholding demeanor, high religiosity, high expectations and demanding behavior within the therapeutic process, a sense of helplessness, and external locus of control.[27] Service workers report difficulty in discerning the severity of client problems. As a result, too often, refugee clients terminate prematurely.

Rather than expecting clients to accommodate to Western worldviews of appropriate client demeanor and labeling them deviant when they

are not present, well-being may be achieved with greater expediency when service providers make use of core strengths and coping styles within the client. Accepting the authority that the Indo-Chinese client bestows upon the practitioner, verbalizing admiration of their high expectations, and upholding appropriate demeanor in the face of stress are examples of ethnic-sensitive service provision.

It is clear that the American medical system has limited knowledge and little acceptance of Asian health beliefs, many of which are at extreme variance with American health practices. As a result, interventions may actually increase the stress experienced by the refugee who is treated within the American health care system. For example, delayed medical diagnosis may be perceived by the refugee as incompetence on the part of the attending physician, an act that endangers the patient; diagnostic blood work may be perceived as an invasive act that weakens the body; routine medical interrogation and physical examination may be perceived as a procedure that is unnecessarily intrusive; and the use of oral and injected medication may be perceived as too strong a treatment approach.[28] Because of the wide variance in problem definition, it is not surprising that the kind of help Southeast Asian refugees feel most comfortable accepting from American service providers is instrumental help, such as an allowance, an attitude confirmed in our study.

Sanctioning intervention.—Service providers who have served Vietnamese refugees have emphasized the necessity of identifying and obtaining sanction from the sources of power early in program development.[29] In order to link refugees with a support network of indigenous caregivers, it is necessary to gain access to and support from those caregivers. A program design of providing services along a continuum from camp to community will succeed only when alliances have been built with those who have power to implement decisions once they have been made. In establishing working alliances, we confront the reality that there is no one bureaucracy with which to work but rather a set of multiple bureaucracies of varying complexities In order to institute effectively a plan of providing community-based services, service providers must obtain sanctioning from a variety of sources: from policymakers in school systems, in religious institutions, and in community centers.

Conclusion

Because of refugees' involuntary migratory status and concomitant psychological vulnerability, designing services to meet their needs carries with it special difficulties. To date, many programs are based on temporary and short-term models that treat the crisis at hand yet fail to acknowledge the chronicity of problems inherent in the refugee situation.

The buffering effects of social support in attenuating life stress for the Vietnamese refugee have been documented. Findings from our study point to a number of procedures that should be implemented in order to meet the needs of this vulnerable group. Preventive measures include keeping family members together in order to sustain the effects of natural social support and building support networks where few exist, minimizing the number of camp experiences and the length of time in camp prior to community resettlement, providing interim employment opportunities to stem the effects of stress, developing a working understanding of common refugee life stressors and other frequent problem areas, and accommodating the refugees' attitudes toward help seeking by reframing distress as being a normative consequence of external stress and the need for instrumental help. We are further suggesting that American practitioners sensitize themselves to Indo-Chinese beliefs concerning the etiology and treatment of health and illness and consider assuming the role of case manager, linking refugees with their culturally indigenous care givers. When providing direct service, practitioners should make use of the coping strategies of the Indo-Chinese clients and their expectations of service rather than labeling them "deviant."

This prevention-based model is designed to provide a continuum of services, beginning prior to the refugee's arrival and continuing through the community resettlement process. Program success may increase when service providers attend to factors such as the location, timing, and duration of intervention, the refugee's perception and definition of stress, the health beliefs and practices of refugees, and the sanctioning for intervention from community decision makers.

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Public Responsibility for Dependent Black Children: The Advocacy of Edith Abbott and Sophonisba Breckinridge

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Between 1912 and 1934, Edith Abbott and Sophonisba Breckinridge were deeply involved in efforts to improve the care of dependent black children in Chicago Their goal was public-sector delivery of foster family care, a plan they believed would overcome racial discrimination and provide care superior to that of private-sector institutions. Their advocacy consisted of scholarship, committee work, and involving the School of Social Service Administration in operating a service for black children that evolved into the city's first public child-welfare agency Their methods offer guidance for present-day child advocates

The overrepresentation of low-income minority children in the foster care system has been a concern of scholars[1] and child advocates[2] for the past 20 years. Despite federal legislation (the Adoption Assistance and Child Welfare Act of 1980, P.L. 96-272)[3] that provides strong fiscal incentives to reduce foster care populations by strengthening services to families and by improving the management of foster care programs, the overrepresentation of minority children persists. In

Social Service Review (September 1988)

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New York City, 87 percent of children in foster care are black o Hispanic, twice their proportion in the city's child population.[4] In Cook County, Illinois, where over two-thirds of foster children are black or Hispanic, black children are three times more likely to be placed in foster care as are white children.[5] In some jurisdictions, the numbers of white children in foster care have declined with the implementation of P.L. 96-272, while the numbers of low-income minority children are rising.[6] The reasons for this phenomenon are many among them are higher poverty and unemployment rates among minorities, the eroding value of income-maintenance benefits, the increasing numbers of low-income minority children and decreasing numbers of white children in urban populations, and evidence tha the foster care system itself is less effective in helping minority children find or return to permanent families than it is in helping white children.[7]

Getting black and Hispanic children *out* of the foster care system is thus the pressing concern of advocates for minority children today Not too many years ago, getting them *into* the foster care system was the issue because child caring agencies openly discriminated on the basis of race. But these problems are not as different as they appear Both are products of the relatively greater need for service among minorities because of the inordinate stresses poverty and racism place on families, the failure of service systems to support families and aver child placement, and the inability of child-welfare services to provide effective temporary foster care services for minority children. Both are also products of the contexts and manifestations of racism.

Learning how advocates of the past have struggled with the problems of achieving better care for dependent black children might help inform advocates of the present. This article describes the efforts of two such advocates, Edith Abbott and Sophonisba Breckinridge, faculty members of the School of Civics and Philanthropy and, later, of the School o Social Service Administration (SSA). Although Abbott and Breckinridge are perhaps best remembered for their scholarship, their contributions to professional social work education, and their leadership in converting the independent School of Civics and Philanthropy in 1920 into a University of Chicago graduate school, both were deeply involved in the development of social welfare policy and programs. The culmination of their decades-long efforts to achieve better services for black children was the school's sponsorship of an experimental program for black children that would become Chicago's first public child-welfare agency

The Problem

By the turn of the twentieth century, the color line had been drawn in children's services in Chicago.[8] This segregation was the product of the organization of children's services under private auspices in

Illinois, and it was also a product of the growing racial hostility in the city.

Throughout the nineteenth century, organized charities and government agencies throughout the nation began developing programs to care for dependent children—children who had no parents or whose parents were unable to care for them.[9] These programs reflected two new ideas: the public is responsible for dependent children, and children should be cared for apart from adults in almshouses or asylums. These new programs for children were largely orphanages sponsored in some states by government and in others by private charities. Another kind of program placed children in private family homes, often where the children exchanged board for labor. Later, the labor requirement fell out of favor, and "child placing" more closely resembled what now is known as foster family care. In Illinois, children's services were (and are) largely provided by private charities but with substantial government subsidies, which were initially made available to institutions but not to "child placing" agencies through state law in 1874.[10] Private-sector institutions, largely sectarian, thus proliferated.

At the turn of the twentieth century, there were only 30,150 blacks out of 1,698,575 people in Chicago. Chicago's black population swelled in the early decades of the twentieth century, reaching 109,568 by 1920.[11] Racial antipathy heightened throughout the period, especially when blacks were recruited from the South to serve as strikebreakers during periods of labor unrest.[12] Because many of these black residents were unattached recent migrants from the South, the black child population was especially small. Thus, dependent black children were few in number. Even so, disproportionate numbers of black children were dependent, for their parents were less likely than parents of white children to be alive, to be healthy, and to command living wages.[13] In the nineteenth century, a few black children had been admitted to a nonsectarian orphanage, but the era of Jim Crow ended this practice. By the beginning of the twentieth century, black Chicagoans had begun to develop their own child welfare and other social welfare institutions.[14] But these struggling institutions could not meet the growing need, and the plight of black children left uncared for had become a problem visible to social workers who monitored children's services.

Fact Finding

Edith Abbott and Sophonisba Breckinridge were among the first faculty members of the first professional school of social work in Chicago, the School of Civics and Philanthropy, founded in 1908.[15] Both were deeply committed to involving the school in applied research projects in order that social work education would be both scientific and useful

in addressing social problems of the day. Accordingly, Abbott and Breckinridge plunged the new school into a number of major investigations of social conditions in Chicago.

Several of these investigations documented, for the first time, the poor social conditions among the city's blacks, which contributed to high rates of child dependency, and the inadequacy of the city's service response. These studies, completed in 1912, armed Abbott and Breckinridge with the information they believed so vital to effecting social change on behalf of dependent black children. One study, undertaken by one of the school's first two black students, Birdye Haynes, found disproportionately few black children in the city's child-caring institutions.[16] A major study of the city's tenements, under the direction of Breckinridge, found no "neighborhood so conspicuously dilapidated as the black belt of Chicago," where conditions were so bad that "heavy costs [are] paid in decent family life."[17] An examination of juvenile court records between 1899 and 1905, again under Breckinridge's direction, found a disproportionately high number of black children appearing before the juvenile court and an even more "unduly large" number of black girls sent to the girls' reformatory at Geneva.[18]

For Abbott and Breckinridge, data were the necessary ingredient of advocacy for children, for racial justice, or for any other worthy cause. These women were very much both products and shapers of the Progressive faith in the power of "social investigation" as an agent of social reform. They believed that racial prejudice and discrimination were perpetrated by a very few but with the passive acceptance of an ignorant majority. Breckinridge thought that the problem could largely be eliminated once "those who have been ignorant of the heavy costs paid in decent family life for the ancient prejudice that persists among us, will refuse to acquiesce in its continuance when the facts are brought home to them."[19]

Developing a Service Response

An opportunity to act on these findings soon emerged. In 1913, Abbott and Breckinridge were asked to serve on a committee convened by the Cook County Board of Visitors (the body that inspected children's homes) to examine and strengthen services to dependent black children.[20] The committee emerged from a board examination of child-caring institutions, undertaken because of concerns that these institutions, which operated under private auspices but with the assistance of public subsidies, were providing inferior care and generating profits at public expense.[21] Because these institutions were private and generally under sectarian auspices, black children were excluded from them.

Asked what might be done to strengthen services for black children, Edith Abbott had a twofold response.[22] First, she argued, institutions

should be abandoned as a solution to the problem of providing adequate care for dependent black children because they inevitably would be segregated as long as the private sector operated them. Furthermore, boarding (foster family) homes were the preferred method of care since they fit more with the ideal of family life. A boarding home program "would have the double advantage of giving colored children the benefit of the best modern methods of caring for dependent children and would at the same time avoid the dangerous precedent of the separated segregated institution for Negro children." Second, she argued, the boarding home program should be "in the hands" of white people, because pervasive poverty in the black community resulted in severe fund-raising problems. A bit later in her career, Abbott would revise this recommendation, calling for public-sector sponsorship.

Abbott's recommendation was in fact implemented in 1920, after one of two institutions under black auspices for black children burned and the other closed.[23] Black members of a committee convened to develop new programs for the displaced children wanted to build a new institution. But Abbott's boarding home plan prevailed, largely because the Illinois Children's Home and Aid Society (ICH&A), the city's largest nonsectarian child-placing (foster family care) agency, was willing to find boarding homes for black children. The society's new executive director, Wilfred Reynolds (who had several years earlier undertaken the study of institutions for the Cook County Board of Visitors) had first agreed to find homes for the girls displaced by the fire, and he later persuaded his board to sponsor a special service for black children. With funding support from Julius Rosenwald and leadership from Hull House resident Edith Wyatt, the Bureau for Dependent Colored Children opened its doors in January 1920.[24]

Calling for More State Responsibility

In 1920, the director of the newly created (1917) State Department of Public Welfare appointed a Children's Committee to examine existing child-welfare laws and policies, and to establish new, minimum standards of care.[25] Sophonisba Breckinridge was appointed to this committee, for which she chaired the Subcommittee on Colored Children. Her report reflected the state's twofold concern for preventing dependency and improving standards of care. She cited discrimination in the labor force, the necessity of mothers working, poor housing, poor schooling, and lack of recreational facilities as "the conditions surrounding negro children [that] give rise to an excessive degree both to dependency and delinquency."[26] She recommended that "more resources be made available for the normal development of colored children," and that the State recognize the right of black children "to share in the common

enjoyment of resources developed for the education and nurture of childhood."[27]

On the responsibility of the State in enforcing standards of care, Breckinridge was both more pointed and more specific. Breckinridge implicated the state in contributing to the "shockingly and conspicuously lacking" care for dependent black children. For by not being able to remove the color line in children's institutions and by not being willing to abandon the poorly funded black institutions, the State had permitted substandard programs to stay in operation. She recommended that State standards be vigorously applied to the segregated homes and institutions for black children, and that "special care be at all times given to the enforcement of standards in their behalf."[28]

Providing Services Directly

Flaws in the design of the ICH&A's Bureau for Dependent Colored Children emerged soon after its founding.[29] The ICH&A board had envisioned this program as one separate in administration and finance from other ICH&A programs. The Colored Children's Auxiliary was thus organized to raise funds from the black community to support the work of the bureau. Reliant on this impoverished community for funds, the bureau struggled financially just as the black institutions had. Further, the ICH&A board was loath to accept many black children whose care would be paid for by county funds, citing problems of inadequate and delayed reimbursement. The departure of Wilfred Reynolds, who left the agency to become the first salaried executive of the Council of Social Agencies (now known as the United Way) further weakened support for the program within the ICH&A.

At the same time, the demand for foster care for black children was soaring due to a rapidly growing black population and declining socioeconomic conditions among the city's blacks.[30] Complaints by the juvenile court, backed up with data gathered by Abbott and Breckinridge's students,[31] that dependent black children were being unnecessarily incarcerated or unserved altogether prompted the Council of Social Agencies' Child Welfare Committee to undertake a formal study of the matter. Finding that few programs would serve black children, the council began to press for public delivery of child-welfare services, with a service emphasis on foster family care, in order to better serve children who lacked access to the private agency institutional system.[32]

To deal more immediately with the need to expand substitute care resources for black children, Reynolds once again, as he had helped do in 1913 and in 1919, convened a Committee on the Care of Colored Children early in 1928 and asked Edith Abbott to serve on it.[33] Despite concerns about the ICH&A's capacity to serve black children, the plan

the committee developed was for a new program within the ICH&A, jointly sponsored by the Council of Social Agencies, the University of Chicago, the Rosenwald Fund, and the ICH&A.[34] The sponsors were to raise public and private funds for the ICH&A, to secure more funding support from the black community than the Colored Children's Auxiliary had, and to establish a permanent research and advisory committee to the program. The program was envisioned as a 3-year experiment, after which it was to become a publicly supported and sponsored agency. The overriding purpose of the program was to demonstrate the inadequacy of the private-sector system in Illinois. The new program was to serve 275 children, all of them wards of the court and 100 more than the number then being served by the bureau. Edith Abbott and Julius Rosenwald raised first-year funds that would be needed to administer the program and evaluate it.[35]

Despite assurances that the University of Chicago would assume most of the responsibility for the program's administration and fund-raising, the ICH&A board voted *not* to house the program.[36] The board was opposed to serving so many court wards, and it was not assured that sufficient second- and third-year support had been secured.

The Committee on the Care of Colored Children then turned to the Joint Service Bureau, a clearinghouse for applications to Protestant institutions, which agreed to sponsor the program as a special, segregated unit.[37] The program was named the Joint Service Bureau-Department of Child Placing for Negro Children. The work was finally underway by October 1928, staffed and advised by those Edith Abbott had recommended. In effect, the School of Social Service Administration operated the program. The program's first director, W. W. Burke, was a field instructor at the School of Social Service Administration,[38] and the second was Louis Evans, a school graduate.[39] Most of the "visitors" (child-welfare workers) were black students taking courses at the school. Edith Abbott served on the policy and research oversight committee, as well as, with Sophonisba Breckinridge, on the weekly case review committee. Edith Abbott also assumed major fund-raising responsibility for the program.[40]

The Department of Child Placing for Negro Children became a progressive, experimental model of providing child-welfare services. The department, unlike other agencies, flexibly developed new kinds of services to meet changing needs.[41] These included a boarding home service for unmarried mothers and their babies, supportive services for families as an alternative to child placements, and variable boarding rates (paying more for older or handicapped children). Other agencies thought that foster family care was appropriate only for "normal" children, but the Department of Child Placing for Negro Children did not refuse to serve children with serious behavior difficulties. As many as half of its children were those with behavior problems. Not

only did the department not refuse difficult children, in some cases it asked "for an opportunity to try in a foster home a child for whom placement in a correctional institution was being considered."[42] In addition, because of Edith Abbott's interest in uniting practice and research, the department helped spearhead a major effort to survey fund-raising practices and to identify social service needs in the black community. This research project, which later became known as the South Side Survey, was the first comprehensive and detailed examination of social services for Chicago's blacks.[43] Finally, the department also led other agencies in efforts to recruit and train more black workers. One of the university's major interests in sponsoring the project was "the development of a better Negro personnel in the field of social services."[44] Early disappointments in achieving this goal were soon replaced by complaints that other agencies, in need of black workers because of rising black caseloads, were "raiding" the staff recruited and trained by the department and offering them better compensation than the department could provide.[45]

Pressing for a Public Child Welfare Agency

Demand for services from the Department of Child Placing of Negro Children grew much more quickly than its funding base. At the end of the second year, 170 children were in placement, 70 more than the original plan had budgeted.[46] Funds were difficult to raise from either the black or white communities, though several prominent individuals had provided loans when the county issued IOU's on its boarding payments. After the first-year grant (from the Spelman-Rockfeller Foundation) had been consumed, Edith Abbott raised additional funds from a special fund of the School of Social Service Administration, from the Social Science Research Council, and from the university's Chapel Fund. Julius Rosenwald continued to match the funds raised from the university.[47] But with ever-larger numbers of children coming into care, the products of more blacks migrating into the city and the onset of the so-called unemployment crisis (as the Great Depression was initially called),[48] these funds were proving wholly insufficient. Further, shaky Cook County finances even before the 1929 economic collapse had forced the county board to reduce the level of boarding care reimbursement.[49] Temporary relief came from a $8,532 contribution from the Governor's Commission on Unemployment, charged with dispensing funds raised from a public appeal to those most imperiled by the unemployment crisis.[50]

The creators of the Department of Child Placing experiment had envisioned that, should the demand for the service be clearly demonstrated in 3 years, a public child welfare agency would be established to care for these and other groups of children not adequately served

by the existing private agency system. But by the middle of the third year, though demand for the service had clearly been demonstrated, a public children's agency was nowhere in sight. In April 1931, Edward Ryerson, president of the board of directors of the Council of Social Agencies and a member of the Governor's Commission on Unemployment, appointed a special committee to assist the department's advisory committee in determining the future of the work.[51] The committee debated whether to continue the project under its current auspices but with a new fund-raising strategy, transfer the program to another private agency, or ask the Cook County Bureau of Public Welfare "to develop a child placing service, taking over this group [of black children] as a beginning."[52] Since the county was already bearing 75 percent of the cost of the department through boarding funds, only an additional $20,000 in administrative expenses would make the program fully a public one. The committee thus passed Edith Abbott's motion "that there be an attempt to develop in the Cook County Bureau of Public Welfare a County service for dependent children which shall be set up without reference to race and that this committee assume such responsibility as it is able to do in bringing about the organization of this service."[53]

Committee members worked several years to establish the public agency. Direct efforts to persuade the Cook County board failed. The Child Welfare Division of the Council of Social Agencies asked the board to establish an agency within the Bureau of Public Welfare to assume responsibility for children who could not be cared for (or who were cared for, but at great expense) by private agencies: namely, "crippled children, diseased children, or children with serious behavior difficulties."[54] The board turned the request down "on economic grounds, [taking] no action regarding the principle involved."[55] But it also is clear that some council members, especially those with vested interests in the private agency system and in institutional care, opposed the plan and likely lobbied against it.

Ultimately, the emergence of the public agency became tied to policy concerning the administration of "relief" funds. When the Great Depression first hit, funds were raised privately to be disbursed to private agencies and individuals most adversely affected by the crisis.[56] Early in 1931, the department received a grant from the Governor's Commission on Unemployment (which dispensed privately raised funds) to help cope with the enormous caseload increase resulting from the unemployment crisis. Initially planned and budgeted for 100 children, the Department of Child Placing for Negro Children had over 400 children in its care in June 1932. Social Service Administration student Grace White projected that, were it not for the emergency, the department would have had 130 children in its care.[57] The South Side Survey of social conditions and agencies in the Black Belt had found

stronger public children's agency to serve those "left out" of private-sector services.[72]

What the Children's and Minors' Service Accomplished for Black Children

The Children's and Minors' Service was the culmination of 2 decades of advocacy by Abbott, Breckinridge, and other social workers for better care of black children and, indeed, of all dependent children. The service was a home-finding one rather than an institution, it was a public agency, and it admitted all eligible children.

For black children especially, the Children's and Minors' Service was an important gain (though it was a modest gain, if a gain at all, in making more foster homes available to them, for the service was underfunded and also accepted white children—of the first 100 cases accepted after the transfer of the Department of Child Placing children, 57 were white).[73] As an integrated program, the service was a giant step forward from the days of segregated and substandard institutions, private agency quotas on the numbers of blacks served, and segregated "south side" programs. Although its public auspices and high-quality service were beneficial to black children and white children alike, the agency was of unique significance to black children, for it was assumed that private agencies would discriminate on the basis of race, and it was known that public agencies could not.

Further, the Children's and Minors' Service was established as a permanent agency and not as an "experiment" or "special program," as both the Colored Children's Bureau and the Department of Child Placing had been. The distinction is important because it indicates social workers' acceptance for the first time that black children were fully a part of the community of children for whom child welfare services ought to assume responsibility.

Finally, the requirement of the Children's and Minors' Service that only children of relief or of relief-eligible families were to be served assured good access for black children as a group since black families disproportionately qualified for relief. Although the requirement was tied to the mission of the sponsoring agency, it assured support for the most vulnerable group of families. Title IV-E of the Social Security Act, or Aid to Families with Dependent Children Foster Care, is a modern example of foster care for relief families. So good is black and Hispanic children's access to this program that the minority child welfare issue today is the overrepresentation of these children in the foster care system.[74]

But the relief requirement perhaps unwittingly contributed to the demise of Edith Abbott's goal that the public agency should be the elite children's agency, a goal that held the promise of achievement

the first years of the Children's and Minors' Service. The relief
uirement assured a two-class system of child welfare services: a
blic agency for the poor and the black and private agencies for the
ite and more privileged. There is social work folk wisdom that
rvices for the poor will be poor services," and chief among the
sons for this belief is that services for the poor are typically so
orly funded. This was true of the Children's and Minors' Service
m its inception. Although the extraordinary commitment of the
vice's workers permitted it to deliver quality services on a shoestring
dget, and although Edith Abbott continued to strive to make profes-
nal social work's main concern public social services, the inadequate
dget of the Children's and Minors' Service and its low-income clientele
ured erosion of its status and the quality of its service and staff.
e agency's low budget and poor clients would also drive professional
ial workers, soon to become preoccupied more with personality
d less with relief, into the more comfortable and, in their view, more
llenging atmosphere of private agencies.

n light of her commitment to public social welfare administration,
s apparent that Edith Abbott's lack of enthusiasm for personality-
used professional social work was more than a product of her dis-
line (economics) or her stubborn refusal to adapt to change. Abbott
saw that personality-focused casework was less relevant to public
lfare administration than environmentally focused casework. Abbott's
proach to social casework was more responsive to the needs of black
nilies since racism directly and indirectly exacerbated other envi-
mentally focused problems. Surely racism and poverty take their
on individual personalities. But typically, the most immediately
eded interventions on behalf of oppressed, low-income people are
uring basics an unjust society does not provide, such as food, physical
ety, and job opportunities. It is regrettable for black families in
ed that Abbott's views of social casework did not prevail.

the Care of Dependent Black Children Subsequent Years[75]

e demand for foster care for dependent black children increasingly
tstripped the supply of homes available to them. In the late 1930s
d again in the late 1940s, the private Department of Child Placing
Negro Children temporarily reopened its doors to serve children
public agency could not and other private agencies would not
ve. In 1941, the reach of the public agency was expanded in an
ort to serve more of these black children and other children "left
t" of the private agency–dominated system. The Children's Division
the Cook County Department of Welfare was established in 1955
ough legislation and with a focus on serving children who continued

to be "left out" of other agencies' care. This agency was absorbed by the creation of a statewide public agency, the Illinois Department of Children and Family Services (DCFS), in 1963. In the 1950s, efforts also focused on persuading private agencies not to discriminate on the basis of race. Although the 1964 Civil Rights Act resulted in somewhat easier access of black children to white agencies, ultimately the bars of racial discrimination were broken when, due to a burgeoning black population in Chicago in the 1960s and 1970s and a declining white population, private agencies needed to serve more black children in order to survive.

By this time, there was less emphasis on increasing the role of the public-sector agency in direct service provision and more on creating incentives for private agencies to serve "difficult" children. Helping minority controlled agencies emerge was one such tactic. Currently, the differentiation of roles between public and private sector is just the opposite of what it was in Edith Abbott and Sophonisba Breckinridge's day. Then, the public sector was the "residual" agency, serving those the private sector would not. Now, the private sector serves those considered too difficult for the DCFS foster care system. But advocates for minority children in the foster care system will find themselves focusing on many of the same issues these women did 50 years ago—the need to ameliorate social conditions that give rise to child dependency (more often now termed child abuse and neglect), a need especially pressing in the black community; the right of children to live with their own families, if at all possible, or with families nearly like theirs; the right of low-income minority children to receive casework and clinical services as skilled as those received by middle-class white children.

Lessons for Today's Child Advocates

The efforts of Edith Abbott and Sophonisba Breckinridge to generate a better system of care to serve black and other "left out" children exemplify effective child advocacy principles.[76] These include:

1. *Commitment.*—These women's efforts to advocate for black children were products of their commitments to children, to family life and values, to racial and social justice, to public welfare administration, and to professional social work. Certainly self-interest—carving out a role and reputation for the School of Social Service Administration—fueled this advocacy commitment, as it typically does in the more successful contemporary child advocacy movements.

2. *Vision, sense of direction.*—Abbott and Breckinridge early focused on an integrated, foster family care agency administered by the public sector and stuck to that vision.

3. *Command of the facts.*—Data were key to Abbott and Breckinridge's dvocacy. They and their students routinely surveyed social conditions the black community, the extent of black child dependency, the emand for services for black children relative to the supply, the onsequences for black children of being denied service, and the quality f services provided by the private and public agencies that did serve lack children. The lack of a consistently stated case, supported by icts, is one of the major sources of failure of advocacy efforts today.

4. *Sense of strategy.*—Abbott and Breckinridge appear to have been iasters at figuring out how to gain incremental victories toward the :hievement of a broader goal. Enforcing standards at institutions so s not to tolerate inferior care of black children, supporting a segregated :xperimental" program as a means of making the case for an integrated ublic agency, calling for public administration of relief programs as means of breaking down the strength of the historic precedent of ublic subsidies for private agencies, and not making bitter enemies f colleagues who ran segregated institutions are several examples.

5. *Flexibility.*—These women willingly assumed multiple roles in ieir efforts to achieve their broader goal. They provided research ssistance, published reports, served on committees, raised funds, reiewed cases, helped run an agency, lobbied, and developed policy. 'hey apparently were willing to be "joiners" with others, as well as 'aders when required. They were able to work with apparent ease ith public officials, social workers, businessmen, philanthropists, and ommunity representatives.

6. *Persistence.*—The vision Abbott and Breckinridge had begun to rticulate in 1913 did not come to fruition until 1934. How frequently oday's advocates become discouraged when their bills fail in the legislature one or two times!

Advocates for minority children in the foster care, mental health, nd corrections systems face formidable challenges in their efforts to elp these children reclaim normal childhood and become well-adjusted dults. Edith Abbott and Sophonisba Breckinridge's efforts to do so 0 years ago are truly a gift from the past that can help us be more ffective advocates today.

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Policy Entrepreneurs and Policy Divergence: John R. Commons and William Beveridge

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British and American labor-market policies such as workmen's compensation, public employment offices, and unemployment insurance diverged markedly as they evolved after 1900. Most cross-national social policy studies compare such macropolitical variables as spending, culture, wealth, and political competition. This study takes an alternative micropolitical approach in order to detail the links between policy effort, program design, and macropolitical constraints. It compares two leading authorities on labor-market problems after 1900, John R. Commons in the United States and William Beveridge in Britain. Differences between American and British labor-market policy reflect differences between the strategies of Commons and Beveridge rather than their relative influence and effectiveness. These strategies reflect pragmatic adaptations to contrasting political cultures and structures. American federalism exerted effects that limited effort and narrowed the range of feasible policy options in the United States.

The paradox of exceptionally laggard and limited welfare provision in the wealthy United States has puzzled observers throughout this century.[1] Most scholars limit their inquiry to policy initiation or spending and explain America's exceptional welfare state in terms of culture, social movements, or similarly broad societal factors. Such macropolitical studies overlook the construction of policy detail that provides a different

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erspective on the subtle links between enactment, spending, finance, enefits, eligibility, and other program features. The United States gged behind Britain in creating and funding workmen's compensation, nemployment insurance, and public employment offices, for example, ut equally important, the details of these labor-market programs iffered significantly in the United States and Britain prior to World /ar II, and they continue to differ today.

To explain this difference, this article analyzes the contributions of vo of the most influential authorities, William Beveridge and John . Commons, to labor-market policy design in Britain and the United tates before World War II. The policy visions of Beveridge and Com- ions differed significantly and guided American and British programs long divergent paths. Both were utilitarians,[2] but Beveridge's utili- rianism reflected the quasi-socialist idealism of John Stuart Mill's ter writings, while Commons's utilitarianism reflected the conservative adition of David Hume. Because both Beveridge and Commons were ragmatists, they adapted their recommendations to their respective olitical systems. Thus, a comparison of their ideas and proposals luminates the ways in which national wealth, an individualistic political ilture, and a fragmented government structure steered American :formers such as Commons away from a comprehensive, centralized icome-maintenance system of the kind eventually identified with Bev- ridge in the United Kingdom.

ritish and American Labor-Market Policy Divergence

'he "great transformation" to a mobile, urban work force in indus- ializing nations magnified severe social stress and stoked pressures or labor-market protection and compensation.[3] Workplace deaths and ijuries appeared on government agendas in the form of increasing ability litigation and created demands for predictable compensation rrangements. By the 1890s the concept of unemployment—the notion iat an able individual could be unable to locate a job—produced new nalyses of poverty in industrializing nations. Demands for increased ublic responsibility for insuring labor-market efficiency, balance, and ability accompanied this reconceptualization.[4] As income maintenance or those unable to work because of age or incapacity became more idely accepted, so did the logical step of insuring an income for the nemployed. The resulting labor-market policies—workmen's com- ensation and unemployment insurance to maintain income and public mployment offices to better organize the labor market—marked the arly development of welfare states in these nations.

Table 1 shows that Britain and the United States had established iese three programs by the end of the 1930s, but the United States id so later than Britain. The American national government enacted

Table 1

Date of Enactment of Labor-Market Programs in the United Kingdom and the United States

	Occupational Injuries Insurance	Public Employment Offices	Unemployment Insurance
National Laws:			
United Kingdom	1897	1909	1911
United States	. .	1933	1935
American State Laws			
First state	1911 (Wisconsin)	1890 (Ohio)	1932 (Wisconsin)
Median state	1915 (Indiana)	1936*	1936*
Last state	1948 (Mississippi)	1937 (Montana)	1937 (Illinois)

Note.—American state laws include 48 continental states and the District of Columbia The median state refers to the twenty-fifth state that adopted the program

Sources —Peter Flora, *State, Economy, and Society in Western Europe, 1815–1975. A Data Handbook* (Frankfurt am Main. Campus Verlag, 1983), 1.454; U S Department of Labor, *Growth of Labor Law in the United States* (Washington, D C Government Printing Office, 1967), pp. 142–43; John R. Commons et al , *History of Labor in the United States*, 4 vols Vols 3 and 4, *1896–1932* (New York· Macmillan, 1935), 3 192–217; G. L. Webber, "Growth and Work of State Employment Services, 1933 to December, 1936," *Monthly Labor Review* 44, no. 2 (February 1937)· 285–89; "State Labor Legislation, 1937," *Monthly Labor Review* 46, no 1 (January 1938). 143, George H. Trafton, "State Unemployment Compensation Laws," *American Labor Legislation Review* 28, no 1 (March 1937) 53–58

* In fiscal year 1936, 10 states enacted public employment office laws and 27 enacted unemployment insurance laws, in the case of both laws, the median adoption date was 1936.

public employment office and unemployment insurance programs a generation later than the British government.[5] Even taking the pioneering American states as the benchmark, workmen's compensation and unemployment insurance were enacted a generation later in the United States, and while some states preceded Britain in creating public employment offices, a majority of American states had not established these offices until 37 years after they were created in Britain.

In each case, American coverage and benefits were also more limited and uneven, less redistributive, and less intrusive on employers. Though contemporary cross-national comparison of labor-market programs is imprecise,[6] the best recent evidence indicates that disparities in British and American coverage and benefits persist.

Workmen's compensation coverage in Britain virtually blanketed the labor force by 1933. In contrast, only 13 American states made coverage mandatory by 1933, and an expert concluded that "it is probable that a substantial number of employers and workers remain under the antiquated employers' liability system" (i.e., a special category of civil law under which courts awarded compensation to injured workers). Many states exempted industries in highly competitive markets (i.e., logging in Maine) from mandatory coverage. Some states allowed employers to compel prospective employees to sign a waiver electing to stay out of the compensation system.[7] By 1985, 13 percent of the work force remained outside of state laws.[8] Benefits, which vary widely across the states, replace less of the income loss of an injured worker than do those in Britain. State workmen's compensation replaced anywhere from 43 percent to 67 percent of the average disabled workers' income in the United States in 1978. In Britain the oldest program, Industrial Injury Benefit, replaced 107 percent of the income for the average worker; the contributory invalidity pension replaced 96 percent of that income, and the noncontributory benefit replaced 72 percent; although benefits varied widely because of eligibility differences for other programs, benefits were especially "substantial . . . for those with low predisability incomes."[9] American state benefits had changed little by 1984.[10]

In 1930 there existed 170 public employment offices for a population of 120 million Americans, while 1,162 offices served a population of 42 million Britons. Only seven of the 23 American states staffed their offices through merit selection of personnel in 1930, and some of the states operated little more than a mail-order service through a single post office box.[11] Few employers used the offices even after the New Deal created an expanded federal-state U.S. Employment Service. A 1966 cross-national study of employment services concluded that British offices historically have been better informed about job vacancies and are more active in the labor market than American offices.[12] Today the American offices seem to have a much smaller share of all job

placements than their British counterparts. In fiscal year 1984, American offices placed about 3.8 million in a labor force of 114 million, while the British offices placed 1.8 million persons in a labor force of 26 million (and with an unemployment rate more than 5% higher than that of the United States).[13]

American and British unemployment insurance provisions differ in three important respects. First, American unemployment insurance is fully employer funded, which distinguishes the United States from other large Organization for Economic Cooperation and Development (OECD) nations, except for Italy. The Social Security Act permitted states to vary employer tax rates, and states have competed to keep these rates as low as possible; under these circumstances, American unemployment insurance policy tends to be especially sensitive to private employers. Second, although American unemployment insurance covers more workers in theory (95% compared to 80% in Britain in the mid-1970s),[14] coverage is limited in practice because states restrict eligibility, limit the duration of benefits, and provide limited income-maintenance alternatives. In recessions since the Second World War, about half the American jobless received unemployment benefits.[15] Third, American benefits are less progressive than those in Britain and vary greatly across the states. In the 1970s American benefits approximated 50 percent of earnings up to a ceiling but were based on past earnings, while Britain's partially flat-rate scheme is integrated into the national insurance system and reimburses a larger percentage of income for the lowest-paid workers; supplemental benefits are paid even to secondary school graduates who cannot find work and have no work history.[16] In terms of one's income history, the British system is progressive up to a ceiling, while the American system is regressive up to a ceiling.

Explaining Policy Differences

An extensive literature addresses the reasons why social policy varies across nations. Much of this research conceives of policy variation in terms of aggregate expenditure variations or differences in the timing of program enactment. Often, generalizations that apply cross-nationally provide little help in explaining the limited and uneven social policies of the United States. For example, Wilensky's study of expenditure and Collier and Messick's study of diffusion argue that only political culture permits an explanation of the American case.[17]

Several studies directly tackle the problem by studying the question, Why is there no socialism (or corporatism, or socialist political party) in the United States?[18] These studies emphasize the importance of the strength of classical liberal American values, the absence of a tradition of noblesse oblige, the unwillingness of American workers

to forge a mass anticapitalist movement, the strength and fragmentation of interest groups, and the relative weakness, fragmentation, and incoherence of political parties. The "why no socialism" literature has two main contentions: that Americans' ideas (or at least those of the elite) significantly differ from those abroad, and that the American working class was less effectively mobilized than that of Western Europe. Few of these studies help illuminate the links between culture, interest groups, parties, and policy design.

An emerging literature emphasizes government capacity and "state building," emphasizing the institutional differences that separate the evolution of American governing institutions from those in Europe. Orloff and Skocpol argue that patronage made American reformers less willing than British counterparts to entrust social expenditure to public officials.[19] Alternatively, Berkowitz and McQuaid suggest that business "occupied the field" of social policy with welfare capitalist programs, a fact that limited and skewed the development of public provision.[20] Several authors indicate that federalism exercises a conservative effect on policy development.[21]

Charles Anderson urges that researchers go beyond these macropolitical analyses and more closely compare the strategies that individual policymakers use to solve public problems because, beyond the level of policy effort,

> the question is not what demands exist and what resources are provided, but what policy-makers make of them. The characteristics and potential of the nation, the institutions through which he will work, and the pattern of demands and supports become the "givens" of the problem he must resolve. And how he will perceive the problem, how he will deploy the powers and resources of the state to meet it, is not a question of causality but of contrivance The interesting questions of policy-analysis become those . . . of how those in positions of public authority, as well as those who advocate alternatives and otherwise engage in political argument, go about defining appropriate response to a given set of circumstances, and how appropriate their response turns out to be.[22]

Heclo's analysis of social policy in Britain and Sweden, which concludes in part that policy enactment and design were relatively disconnected processes, underscores the importance of this perspective.[23] Recent policy studies that emphasize the "garbage can" nature of loosely connected policy decisions also emphasize the importance of examining policy strategies adapted to evident opportunities and constraints.[24]

The most effective way to guide research on such disparate program features as enactment, cost, benefits, and coverage is the examination of comparable policy "middlemen" who mediate between social, political, and cultural circumstances and policy outcomes. Policy scholars have increasingly emphasized the role of these policy entrepreneurs in the

process of policy design. In Heclo's words, "As disorganized purveyors of internal intelligence, appreciators of technique, and interpreters of foreign experience, policy middlemen have been particularly prominent in defining problems and formulating responses."[25] While one cannot assume that a single individual bears total responsibility for the design of even a single policy initiative, individuals can be identified who were widely acknowledged by their contemporaries to be authorities on similar issues in different national contexts. John R. Commons in the United States and William Beveridge in Britain were such comparable authorities on labor-market problems.

Recast in terms of policy middlemen, the puzzle of labor-market policy divergence turns on four questions. First, can a comparison of Beveridge and Commons yield valid insights about policy design in the two nations? Second, if comparison is useful, did Commons and Beveridge have a different vision of the welfare state and of government intervention in the labor market? Third, did Commons's ideas guide policy as effectively as those of Beveridge? Fourth, what light do the answers to the preceding questions shed on widely accepted explanations of welfare-state divergence?

Beveridge and Commons as Policy Entrepreneurs

William Beveridge (1879–1963) titled his autobiography *Power and Influence* with good reason. By his own account and those of scholars,[26] Beveridge discernibly influenced British programs for the unemployed. He redefined joblessness as a "problem of industry" rather than one of destitution, and that redefinition opened the door to the creation of public labor exchanges in 1909 ("the first direct reform of the industrial order by the State") and, in 1911, compulsory unemployment insurance, the first British social insurance program.[27] He is best known for the 1942 report on *Social Insurance and Allied Services* (the Beveridge Report)[28] that recommended a national, universal plan of social security, a "safety net" for all as a right of British citizenship. Although Beveridge's principles were never fully realized, they guided the development of the postwar British welfare state.[29]

Three British circumstances proved conducive to Beveridge's authority. He developed his expertise in a nation with a dominating metropolis, a centralized state, and periodically serious urban unemployment. In his first position after leaving Oxford, as subwarden of London's Toynbee Hall (Britain's first settlement house and a model for American settlement houses), Beveridge had access to nationally influential forums while he developed a reputation as an employment expert. Though he had formed few opinions about the problem when he arrived in London, within months of his arrival he served on the Mansion House committee for the city's unemployed. Through his

efforts and those of Canon Samuel Barnett, Toynbee Hall took the leadership in promoting government action on unemployment problems in 1904. In 1905 Beveridge was elected to the new Central Unemployed Body for London, and the *Morning Post* hired him to write columns on social policy. These activities in turn led to an acquaintance with Sidney and Beatrice Webb and to the preparation of recommendations on unemployment for the Royal Commission on the Poor Law. These contacts brought him to the attention of Winston Churchill and the Board of Trade.[30] As an official of the board, Beveridge contributed to the development of legislation creating national unemployment insurance and labor exchange systems, laws that he helped implement after they were enacted. When he left the government after the First World War, he remained in the city's intellectual mainstream as the director of the London School of Economics for most of the interwar period.[31]

The weak and fragmented American state superficially suggests that no policy authority could be compared validly to Beveridge. But that view is wrong on two counts. First, Beveridge's independent influence is easily overstated because the 1942 Beveridge Report offered a blueprint for a comprehensive social security system that captured the imagination of wartime Britain. In fact, Beveridge's direct access to significant policy power was severely circumscribed when he was not in the government. Even during his government career (1908–19, 1940–42) his influence fluctuated with the willingness of political superiors to give him responsibility for policy formulation. Beveridge was embittered by the fact that these superiors denied that influence in developing manpower policy and postwar labor-market reconstruction policy during both wartime governments. Moreover, Beveridge's personal influence is inseparable from that of like-minded colleagues such as Sir Hubert Llewellyn Smith, an important contributor to unemployment insurance design during the Liberal government.[32]

Second, an energetic and capable central agency (the British Board of Trade during the Liberal government) is only one conceivable vehicle for effective policy influence. As the leading Progressive Era expert on labor-market problems, Commons's views affected policy in a different, but comparably far-reaching, way, through his direct effect on Wisconsin law, on problem definition and policy formulation in the national government, and indirectly through a network of well-placed and reasonably faithful former students The fragmented American state was conducive to a less centralized influence exercised through model state programs and national lobbying organizations. On these two counts Commons had a greater influence on policy than did Beveridge.

After studying political economy with Richard T. Ely at Johns Hopkins University in the late 1880s, John Rodgers Commons (1862–1944)

taught economics and sociology at Oberlin College and at Wesleya
Indiana, and Syracuse universities. In 1904 he followed Ely to tl
University of Wisconsin, where he taught for 28 years until he retir
in the 1930s.[33]

By the 1910s, Commons commanded national respect as a labo
market authority. His prolific scholarship included coauthorship
the definitive books *Principles of Labor Legislation* (1961) and *The Histo
of Labor in the United States* (1918), as well as part of the landma
study of social conditions in Pittsburgh (1914).[34] After arriving
Wisconsin, Commons's relationship with that state's reform governo
was symbiotic. Other progressive states emulated laws he drafted, i
cluding the state-level civil service, public utilities, industrial safe
workmen's compensation, and minimum wage and industrial cor
mission statutes.[35] Commons's 1921 unemployment insurance propo
for the state incubated until 1932, when Wisconsin enacted the natio
first such plan. In 1913, President Wilson appointed Commons to tl
new Commission on Industrial Relations. As a member he shaped
agenda, staffed it with his graduate students, convened a secret meeti
to bring together leading industrialists and the American Federati
of Labor (AFL), and wrote a separate report dissenting with the majori
and asserting his view of national labor problems.[36] In the 1928 hearin
on unemployment, the Senate Education and Labor Committee e
tensively probed Commons's views on unemployment, and its bri
12-page executive summary cited Commons's analysis twice as oft
as any other expert.[37]

Though Commons lacked access to an extensive and professionaliz
central government, he did not lack alternative means for extendi
his views. He was a chief intellectual force behind the American A
sociation for Labor Legislation (AALL) (1906–42), the most importa
single popularizer of unemployment remedies in the Progressive E
and an influential force in social insurance design during the Ne
Deal.[38] As Commons's coauthor in *Principles of Labor Legislation* a
as the student who perhaps was closest to Commons intellectuall
AALL Executive Secretary John B. Andrews relocated the organizati
in New York, edited the *American Labor Legislation Review* between 19
and 1942, participated in major federal unemployment policy discussio
in 1919, 1921, and 1934–35, and rallied the AALL membership
lobby for labor reform.[39] Consulting closely with Commons, Andre
drafted the influential "Practical Program for the Prevention of U
employment" (1915) and shaped the draft "American Plan for U
employment Reserves" (1930).[40]

A legion of Commons's other graduate students translated his vie
into policy. Donald Lescohier directed the Minnesota employme
offices in the 1910s and produced *The Labor Market* (1919), an Americ
version of Beveridge's analysis. William Leiserson, who had served
the staff of the New York Factory Investigating Commission befo

arriving in Madison, became a national authority on public employment offices. He helped create an association of state and local employment office officials in 1914 and in the 1930s advised the federal government on the National Labor Relations Act, the U.S. Employment Service, and the unemployment compensation provisions of the Social Security Act. Paul Raushenbush and his wife, Elizabeth Brandeis Raushenbush, pressed for the pioneer Wisconsin unemployment insurance law of 1932 and for a similar design in the national Social Security Act (as the daughter of Louis Brandeis, Elizabeth had frequent access to Franklin Roosevelt). Edwin Witte and Arthur J. Altmeyer each served as secretary of the Wisconsin Industrial Commission and administered the Wisconsin unemployment insurance law. Witte became the executive director of the Committee on Economic Security. After advising the New Deal's Federal Emergency Relief Administration and the Civil Works Administration, Altmeyer also helped draft the Social Security Act and served as the Social Security Administration's commissioner from 1937 to 1953.[41]

While Commons's students were a self-selected group that retained a personal devotion to him,[42] one must qualify this portrait of extended authority. Many disagreed with him on specifics. Some of the students active in New Deal policy-making (such as Leiserson and Witte) favored British designs over Commons's "American" approach. But Commons's vision indisputably inspired their aggregate opinion, and a "Commons group" was as identifiable as it was influential in its area of expertise.[43] Witte submerged his doubts in the interest of consensus. Leiserson's public criticism failed in winning an unemployment insurance system designed more like that of Britain.

Do other influential policy experts provide a better American counterpart to Beveridge? Candidates include Louis Brandeis and Isaac Rubinow. Each influenced social insurance development in both the Progressive Era and the New Deal. While a recognized authority, Rubinow's diagnoses tended to be more popular than were his policy remedies. Louis Brandeis had actively participated in progressive reforms in Massachusetts, had direct access to the Wilson and Roosevelt administrations, and he extended his influence on the New Deal through his daughter Elizabeth and his associate Felix Frankfurter. Like Commons, he had enough national stature to be offered the chair of the U.S. Commission on Industrial Relations.[44] But because the labor market was tangential to Brandeis's eclectic agenda, Commons is the more appropriate counterpart to Beveridge in the American context.

The Policy Visions of Beveridge and Commons

These authorities differed significantly in their vision of appropriate social policy for their respective nations. A "new liberal" utilitarian, Beveridge believed that the state should actively direct social policy,

limiting business and labor freedom toward the end of a greater pu interest. A conservative utilitarian, Commons believed that the s should play a more limited role and guide business toward the promo of the public interest.

In the sense that he rejected raw individualism in favor of collec progress and understood modern society as "organic" (i.e., individ necessarily depended on one another for freedom and self-fulfillme Beveridge represented the idealistic utilitarian views of Britain's "i liberalism."[45] In a society so interdependent, happiness is a collec achievement and requires social engineering directed by an ac state. Government has a special responsibility to prevent and to ins against joblessness while taking care to guard against individuals temp to live off the dole.

Beveridge's emphasis on state direction of social improvement pl his unemployment recommendations closer to the paternalistic social of the Webbs than to the mainstream of the new liberalism, which less sanguine about centralized power. He emphasized the need entrusting social policy to expert administrators in order to harmo conflicting elements in society.[46] His solution for unemployment mained the organization of the labor market, which even in 1' (when he was most willing to permit autonomy to private enterpr meant that the national government required an "economic gen staff" to lay out policy and that the "Minister of Labour should h the power to schedule [production] in any industry having exces unemployment." In his "utopia" administrators would replace b parliaments and dictators, and these officials would be "trusted because no one supposes that any of them could have any aim, exc so as to adjust the economic and social relations of his clients a produce the maximum of economic health."[47]

Beveridge believed that business and labor both needed firm g ernment guidance to promote the common good. He was most wil to grant business a free hand in the 1920s, but he noted that "th is nothing in the existing industrial order to secure [the] miraculo perfect adjustment" of supply and demand in the labor marke visit to the United States during 1933–34 "destroyed his belief in superior efficiency of free market capitalism" and set the stage for proposed blanket guarantees of income security and full employm in the 1940s.[48] For the work shy, Beveridge recommended subsidi emigration and labor colonies (and hinted about their exclusion fr citizenship). These draconian remedies would rarely if ever be neec for Beveridge's enduring faith in the effectiveness of labor-ma organization permitted him to believe that these techniques woulc unnecessary.[49]

Commons never seriously identified himself as a socialist, but ot viewed him as a radical, and controversial views cost him position

Indiana and Syracuse universities. Like Beveridge, Commons was a utilitarian who accepted the inevitability of organization in industrial society. Commons more explicitly viewed social welfare in terms of collective utility, that is, he emphasized the welfare of the whole society rather than the sum of each individual's welfare. He rejected as simplistic the portrait of humans as hedonistic seekers of pleasure, a notion he associated with the British philosopher Jeremy Bentham. As did the British "new liberals," Commons emphasized self-fulfillment, "proportioning resources . . . so as to obtain the maximum expansion of . . . self-expression, self-development and 'self-realization'" rather than mere pleasure seeking.[50]

Also like the British "new liberals," Commons viewed collective action as a prerequisite for individual self-realization and an active state as a prerequisite for collective progress. Humans tend to organize into "going concerns," or lasting organizations such as churches, businesses, unions, and interest groups. Organizations economize effort, expand opportunities and powers, and thus exponentially expand the welfare of society as a whole. A society of organizations must be carefully governed to maximize utility because "one little mistake or vice, though it be one act in ten thousand, vitiates the pleasure or virtue of all the others and transforms happiness into misery, morality into scandal."[51] With interests so intertwined, laissez-faire could no longer be tolerated for its own sake. Government steering of the economy could enlarge collective self-actualization, and professionally minded public administrators could harmonize conflicting interests.

On these points, Commons and Beveridge fundamentally agreed. But by arguing for the indispensability and value of organizational customs ("working rules") in promoting collective happiness, Commons's thought diverged sharply, invoking the conservative utilitarian David Hume's defense of gradual, modest, and cumulative change,[52] rather than Mill's idealism (which in later writings suggested a far-reaching extension of government social protections and programs) and the highly centralized socialism of the Webbs. Since opportunities for individual self-fulfillment (such as jobs) are collectively controlled, informal collective agreements (such as the wage bargain) under optimal conditions benefit each participant and harmonize their interests. When the bargaining power of a group erodes, the potential for social conflict emerges. Commons argued that Hume, and not Bentham, understood that customs are indispensable for settling and preventing social conflict in organizations and societies. Positive law is a far more artificial and uncertain solution than custom.

Commons referred to organizational customs as the "working rules" of going concerns, and he made these working rules the cornerstone of his prescription for social problems. In a world of scarce opportunities for self-fulfillment, personal growth follows from the "repeated, du-

plicated and expected transactions of many individuals," which is "another name for custom evolving into the working rules of organized concerns."[53] Commons's central scholarly task was the elucidation of existing working rules, which could take the form of "common law, statute law, shop rules, business ethics, business methods, norms of conduct and so on," which organizations use to govern transactions.[54] *The Principles of Labor Legislation* examined the working rules of unions, wages, working hours, and occupational safety and health. The *History of American Labor* laid out the evolution of labor-market working rules. *The Legal Foundations of Capitalism* more abstractly analyzed the fundamental working rules of American economic activity.

While Beveridge believed that the state should act like a surgeon authoritatively mending social ills,[55] Commons believed that the state should take a more indirect, limited, and cautious role, prescribing a regimen designed to *prevent* social ills. Commons believed that, instead of forcing schemes on unwilling participants, reformers should guide the future evolution of key economic working rules. Commons implored reformers to "reconstruct by investigation and experiment a reasonably successful world of fairly equal opportunities for everybody."[56] This revealing plea links the radical and conservative implications of Commons's thought. He held that government ought to insure similar opportunities for self-fulfillment to all citizens, an aspiration that preceded the Great Society by generations. He specifically asserted a "right to work" in recommending labor exchanges, public works projects, and work colonies.[57] But like Hume, Commons understood existing social arrangements as the product of an appropriately slow evolution. While modern working rules contain undeniable flaws and inequities, their mere existence proves that their benefits outweigh their costs. He occasionally referred to such customs as "laws." For example, trade unions had, by securing collective bargaining agreements across state lines, "enact[ed], by the power of organization, uniform laws which our federal system and our written constitutions have prevented the states from enacting."[58] Reformers must not subvert these developing arrangements with utopian schemes. Instead, they should promote those working rules that best economize equal opportunity for self-realization. Reform requires not synoptic change but incremental adjustment and reconstruction.

Commons took an especially protective view of American capitalism, claiming that he sought to "save Capitalism by making it good." In the United States capitalism had produced a strong economy and a standard of living higher than that in Europe. He found British trade union ignorance about American culture and public education "pitiful."[59] The Depression provided a different lesson to Commons than to Beveridge, for Commons wrote that "capitalism is reaching a period of integration which is strengthening the system more than ever before."

,t other times he suggested that American capitalism was morally ıperior to European economies. Reformers could rely on businessmen ı the United States because "they are ingenious, alert, they take hances. . . . They are also quite superior to our politicians and other overnment officials."[60]

It followed that punitive business regulation was misguided. Business ıould be induced rather than forced to perform. In labor law, "too ıuch reliance is generally placed on penalties and punishment." The ate should structure rewards that motivate business to take propri- :orship of the common good. "Public policy should leave capital and ıbor and business ability free and untrammeled, but endeavor to iden and enlarge the opportunities for their employment." Effective olitical economy "teaches the best proportioning of inducements to seful and useless persons."[61] If rewards are structured properly, busi- ess would try to prevent such problems as industrial accidents, and ven disease and unemployment. The labor market in turn should be ıe source of compensatory social benefits because work-derived benefits nk business self-interest with the common good.

›everidge, Commons, and Labor-Market Policy)ivergence

ın many issues, as on the importance of professional and impartial lministration, the two reformers successfully pressed for similar policy esigns. Where they differed, as on the issues of taxation and government ›mpulsion, they pressed labor-market policy along divergent paths ith similar effectiveness.

Professional and impartial administration was the sine qua non of fective policy for these reformers. Both viewed public labor exchanges ; the cornerstone of a well-run labor market. A nationwide system f labor exchanges would create a network of efficient administrative nits that could not only match jobs and workers but also run the nemployment insurance and other programs necessary for a com- rehensive attack on the problem of joblessness.[62] Both thought labor ‹changes would provide invaluable scientific work tests for the able- ›died poor claiming unemployment benefit since claimants could be :ferred to vacant jobs as a test of willingness to work.

Even on the importance of professional labor-exchange management, ıbtle differences emerged. Beveridge emphasized professionalism as way to reassure trade unions that officials would be evenhanded. In)09, the unions threatened to boycott the exchanges, depriving them f the skilled labor most attractive to employers. Without workers to lace and employers seeking workers, the exchanges would fail. In everidge's view, union distrust of the exchanges could be assuaged

by the impartiality and fairness of professional labor-exchange personnel. For Commons, administrative competence was part of a necessary package of business incentives, meant to draw the public employment offices directly into the "working rules" of American firms. Commons championed the idea of "industrial commissions" as a new public, judicial, and administrative agency for the corporate age. Such commissions would distance themselves from the old politics of "courts and parties," all the better to guide the corporate order to greater efficiency. During the New Deal, both U.S. Employment Service and Social Security officials fought with great success against intense and powerful political opposition to protect the merit principle.[63]

Commons and Beveridge more clearly differed on the use of compulsion against business. Beveridge worried about social policy creating a "drag" on business performance but was more willing than Commons to entrust regulatory power to the state and to rely on compulsory measures. Like Commons, he believed that business should be induced to prevent unemployment, but his theory of "prevention" would coerce business with the threat of government control of production schedules in industries with excessive unemployment and tax penalties for individual employers.[64] By 1944, Beveridge was willing to go much further, supplementing the "socialization of demand" with such subsidiary measures as the transfer of "particular industries from private to public ownership, in order to increase the power of the State directly to stabilize demand in a specified sector and in order to bring monopolies under assured control. It will certainly be necessary for the State, by inspection and supervision, to protect the community against risk of exploitation by monopolies and trade associations, in all industries. And it will be necessary for the State, in planning its own outlay, to have full continuous information as to the outlay plans of all large undertakings and to have some power of modifying those plans."[65] While "all this is far short of nationalization of production generally,"[66] the degree of government control of investment suggested here would severely restrict traditional business prerogatives.

Commons shunned such suggestions. He criticized the administration of both the U.S. Employment Service and the British labor exchanges during the First World War on grounds that they were equally insensitive to business needs when shifting workers to priority industries. His experience confirmed to him that a change from an adversarial relationship to a cooperative one altered employers' attitudes.[67] William Leiserson argued widely for a "Federal Labor Reserve Board" as a complement to the Federal Reserve Board. Through a network of public employment offices, such a board could stabilize the supply of labor as the Federal Reserve Board had stabilized the flow of capital. This recommendation assumed that industrial progress, improvements in production methods, and seasonal and cyclical employment fluc-

tuations "make this reserve necessary and inevitable." Government should facilitate industry's use of labor as it had facilitated its use of investment capital.[68]

It is true that the AALL drew directly on German and British schemes in proposing compulsory social insurance in the 1910s, and that many of the details of these proposals were indistinguishable from European models. But by emphasizing that business could be induced to prevent many social problems, Commons and his followers departed from European models in two decisive respects. First, the AALL championed "experience rating" in social insurance financing as an alternative to regulation. Second, the AALL group paid far more attention than Beveridge to techniques business could adopt to mitigate labor-market problems.

Commons and Beveridge disagreed on financing social insurance. Like Commons, Beveridge believed that employers' tax burden should vary with their "experience" in creating joblessness. For Beveridge this meant that an *industry* should bear collective responsibility for its performance, and for Commons, that individual employers should bear responsibility. Beveridge believed that social insurance should be funded by business, labor, and the state, so that each had a stake in protecting the integrity of the program.[69] His "unemployment" tax, then, would be levied in a context of tripartite contributions so that business was not the only party concerned with tax rates. Commons, in contrast, saw full employer financing as a way to induce business to take proprietorship of policy. Using the model of workmen's compensation, he advocated full employer financing for unemployment insurance. As with occupational safety, unemployment should be viewed as a problem of industry. Employers should be induced (not forced) to prevent both and, with an adequate financial incentive, would do so. Coincidently, full employer financing relieved state governments of the need to devote general revenues to social insurance.

The Commons group took "experience rating" to extremes never advocated by Beveridge or enacted by European governments, and it became the distinctive feature of American workmen's compensation, unemployment, and health insurance proposals through the 1930s. As applied in accident compensation, an individual employer's insurance premium would be adjusted upward if an unusual number of injuries occurred in his plant and would be adjusted downward if the workplace record showed an exceptionally good safety record. The AALL argued that the system would prevent accidents and by the 1920s claimed success.[70]

Experience rating distinguished the "American" (i.e., AALL) approach to medical and unemployment insurance as well. Unemployment insurance provides the most striking example of the effectiveness of the Commons network. The *American Labor Legislation Review* in 1926

admired the relief features of British unemployment insurance but viewed it as flawed because it lacked inducements for the prevention of unemployment, in contrast to Commons's Wisconsin plan. Commons viewed the pioneer Wisconsin experience-rating proposal as superior to European programs because it was "extraordinarily an individualistic and capitalistic scheme." Leiserson broke with the extreme version of experience rating embodied in the Wisconsin plan and championed the "Ohio" plan as an alternative. This plan levied unemployment insurance contributions proportionately across all covered businesses, but it also provided for experience rating that would permit rebates to "good" employers (a position eventually joined by Andrews). While the Ohio plan provided for employee contributions (for one-third of the fund), Leiserson refused to go further in the direction of European plans and specifically opposed Abraham Epstein's redistributive proposal that benefits vary by family size. The Social Security Act permitted experience rating in state unemployment insurance laws, explicitly drawing on the workmen's compensation model. By the end of World War II, 45 states had adopted some form of experience rating, only five states levied insurance contributions on employees, and only three states (and the District of Columbia) provided additional allowances for dependents.[71]

The Commons group also worked far more closely with private employers than did Beveridge, whose prescription for unemployment includes little advice to business. Lescohier, Andrews, and Leiserson exhorted Progressive Era businesses to become more self-stabilizing through the creation of personnel departments, the reduction of labor turnover, and leveling of output through inventory management. Such new "working rules" required private and not public action. In partnership with such progressive businessmen as Sam Lewisohn and Ernest Draper, Commons developed these themes in the following decade.[72]

Assessing Explanations for Policy Divergence

Commons and Beveridge were politically effective because they skillfully adapted social reforms to the constraints and opportunities available to them. Their differing strategies shed light on the effects of prosperity, patronage, working-class mobilization, business influence, and political structure on the divergent labor-market policies of the United States and Britain.

National prosperity.—Many aggregate data studies conclude that economic prosperity is a prerequisite for a welfare state, and that, the more prosperous the nation, the more effort it devotes to social policy. But the economic fortunes of Great Britain and the United States caused Beveridge and Commons to draw very different lessons than this hypothesis suggests. Despite holding the Riccardian view that a

trade-off between employment and wages was inevitable, Beveridge believed that the state should take a more interventionist role during economic downturns and redistribute wages in the form of public work.[73] In contrast, Commons interpreted the high American living standard as a reason *not* to interfere with capitalism. American prosperity evidently deflected pressures for reform by setting up an "image of success" that made policy middlemen wary of interfering with the wealth-generating machinery.[74] The "prerequisites" approach to policy innovation tends to assume a linear relationship between economic development and social policy, but the very fact that American experts interpreted America's wealth as a reason for policy caution suggests that the nation's economic preeminence may have inhibited such innovation in the United States.

Political culture.—Both reformers believed that national culture restricted the range of options they could recommend,[75] and each defined that range differently. As noted, Beveridge occasionally advocated an unemployment insurance program designed to penalize those industries with a record of high joblessness. One of his last serious efforts to advance such a proposal foundered in 1923, convincing him that such a plan could not generate political support in Britain. Instead, he turned in the direction of more acceptable proposals for "all-in" insurance. His plan for postwar social policy articulated a view popular among Britons.[76] Few questioned his emphasis on large-scale public effort or a welfare state standardized by a central public authority, and few lodged "free market" objections to his plan. A vestigial recommendation for "experience rating" in workmen's compensation was not enacted.[77]

Whatever their reservations about individual self-reliance, Commons and Andrews emphasized the individualistic features of their plans in order to make them more attractive to American policymakers. Commons viewed the American labor movement as lacking the class consciousness of European counterparts. Because feudalism had not existed in the United States, the nation had no deeply rooted and stratified class system; moreover, the seemingly endless supply of land enabled far more Americans an opportunity to own property than was true in Europe. If self-reliance was a cardinal American belief, then the labor market became an especially important vehicle for building social welfare policy because job-related benefits were viewed as earned benefits. Proposed social programs were more likely to be accepted if they improved individuals' work opportunities or if the programs addressed specific work-related difficulties (such as health, safety, or vocational training). It is notable that the "American Association for *Labor* Legislation" led so many battles for social programs in the Progressive and New Deal eras, and that these reformers defined even health insurance as a remedy for a labor-market failure. Altmeyer in retrospect

accounted for the basic differences between British and American social security provision in terms of their origins in labor legislation rather than the Poor Law reforms.[78]

Patronage.—Ann Orloff and Theda Skocpol argue that, because mass democracy preceded bureaucracy in the United States, patronage in the latter dampened reformers' enthusiasm for new social spending programs that would fuel patronage machines.[79] Patronage is an important but not a sufficient explanation for differences between American and British labor-market policy design. The Commons group supported increased expenditure on labor-market programs if they were governed by administrators as professional in outlook as the AALL membership. Commons emphasized industrial commissions not simply as a defense against patronage but also as a positive effort to create an American form of corporatist management that would be both professional and representative in the absence of a parliamentary system.[80] Nor was Commons's industrial commission the path of least resistance for social reform. Conservatives' attacks on the Wisconsin Industrial Commission helped to defeat the progressive movement in Wisconsin, and national business associations attacked commission government as "paternalistic" or "socialistic."[81]

At the same time, the logic of creating an administrative "beachhead" also influenced British reformers. Beveridge and others used the Board of Trade as a malleable alternative to the moribund Home Office and the Education Ministry, where officials "displayed a negative attitude to social administration, viewing it primarily as a source of income and status."[82] It would be difficult to prove that these patricians were less an obstacle to the institutionalization of social reform than the patronage machines of America. On the contrary, the political machines had a strong incentive to support the extension of social welfare programs if they could control the distribution of benefits. What divided American and British reformers was not the extension of the welfare state, but the need to wrest control from upper-class amateurs (Britain) versus the need to overrule political "hacks" (United States).

Working-class organization.—While many scholars point to the weakness of labor relative to business in the United States, the evidence does not reveal that this factor made a definitive difference in labor-market policy divergence evident by the mid-1910s. The percentage of the work force that was unionized was comparable in Britain and the most industrialized American states in the first 2 decades of the twentieth century (the percentage of the work force unionized reached 15% in Massachusetts in 1915, for example).[83] Beveridge and Commons both found trade unions in their nations suspicious of reforms and reformers. As a civil servant in the national government, Beveridge may have been the more distrusted by organized labor; his schemes were attacked by the Trades Union Congress, which helped to deny him a role in managing the labor force during the first and second world wars. In

he United States, there was a gap between the national AFL leadership and the state federations. Samuel Gompers, AFL president, distrusted reformers and resigned from the AALL in 1915, but the New York and other state labor federations worked closely with the AALL in state social insurance campaigns.[84]

Business influence.—Commons and Beveridge differed on the role they were willing to grant business leaders in policy design and implementation. Commons, unlike Beveridge, cultivated "progressive" businessmen and held up their behavior as a model for social policy. His work with the National Civic Federation manifested a faith in business self-regulation. While Commons could have written much of the analysis in *Unemployment: A Problem of Industry*, Beveridge would probably not have collaborated with business leaders in writing an affirmative answer to the question *Can Business Prevent Unemployment?* as did Commons.

On this score, the Wisconsin academic agreed with Louis Brandeis, although they differed fundamentally on the value of large corporations. Both believed that private business should participate in economic stabilization and the prevention of unemployment.[85] This fact suggests that systematic, structural forces were at work that channeled the efforts of the two American reformers in a similar direction.

The policy biases of political structure.—The most underrated difference in American and British labor-market policy development is the federal policy-making structure in the United States. While the centralized British state tended to work against relying on local government and the private sector, the noncentralized and commercially oriented government structure in the United States worked in the opposite direction.

This effect is clearest in those features of labor exchanges and unemployment insurance on which Beveridge and Commons held similar notions. While at the Board of Trade, Beveridge recommended *locally* run employment exchanges; but the dynamic and expansionist board and its president, Winston Churchill, insisted on a regional scheme with more control in London.[86] Similarly, Beveridge's preference for occupationally based experience rating disappeared from the 1911 National Insurance Act, which emphasized uniform financing and standards. Beveridge's plans assumed a national government capable of rationalizing capitalism and ameliorating its effects.

Three factors account for the tendency to legislate a nationally uniform labor-market policy during the Liberal government. First, Conservative dominance in many county councils made the nationalization of social policy especially attractive to Liberal leaders. In 1911, Lloyd George insisted on national administration of health insurance to deny the county councils an administrative role.[87] Second, the Boer War and German economic competition forged a link between work force quality and national defense that made national activism more palatable to

instinctive "Tories." Third, constitutional constraints did not inhibit national policy expansion.

No greater contrast could exist with American conditions. Court decisions had constrained the national government's constitutional jurisdiction. Given the well-established fiscal- and social-policy independence of the states, national government jurisdiction in labor-market policy was limited to disseminating information, providing protections to its own employees, and cultivating national associations of state professionals.[88] Commons understandably took for granted that social policy control would rest with the states if, indeed, the courts permitted a given social policy innovation at any level of government. The "working rules" of American policy, most often found in the decisions of the national and the state supreme courts, confirmed that even state governments had very limited jurisdiction in labor legislation, and that employers should have wide latitude to act unencumbered by trade unions or state regulation.[89] Not until after the mid-1930s did the federal government assume national police powers through broadened interpretation of the commerce and tax clauses of the Constitution. By that time, labor-market policy had been institutionalized at the state level, and state policymakers resisted national coordination and standards that would limit state policy discretion.

Under conditions of severe resource disparities between the states of the industrial heartland and poorer, less industrialized economies of southern and western states, interstate competition for business biased policy development even in the most progressive states. Eligibility, benefits, and program quality varied widely. Cost control and limited interference with employers' autonomy became imperatives for state policymakers.

In these circumstances, maximum employer financial responsibility, coupled with employer proprietorship of policy itself, proved to be a politically shrewd strategy for achieving pioneering social reform in the states. Once these states had acted, their programs became models for other states, and when the national government finally intervened in the New Deal, it underwrote state diversity and discretion in employment offices and unemployment insurance, among other programs.

American policy experts explicitly took into account the inhibiting effects of interstate competition in labor-market policy. Concluded the AALL in 1911, "Evidently the 'bugaboo' of interstate competition influenced the New York [Workmen's Compensation] Commission, for its act applies only to those employments in which there is little or no interstate competition."[90] Five years later, the AALL touted the advantages of state workmen's compensation funds for employers: "On a conservative estimate, employers insured in the state fund saved half a million dollars on the cost of their insurance for the first year as compared to what they would have paid if insured in stock companies."[91]

Iowever unfounded the fear of interstate competition, many pol-
makers in New York, Massachusetts, and other states with severe
or-market problems tempered reforms in order to minimize the
npetitive disadvantages of their state. The fear of losing business
is acted as a policy "drag" nationwide. By the 1930s, analysts com-
ined that interstate competition had made the original benefit
iedules for workmen's compensation "miserably low measured by
y standard."[92]

State policy control caused the AALL to pursue the "uniform state
" strategy characteristic of Progressive Era labor, commercial, bank-
, criminal, and family law reforms.[93] The paradox was that, to pass
niform law in any given state, the law had to be drafted and effectively
omoted in such a way as to convince state leaders and business that
y would not be at a competitive disadvantage with neighbors. Such
iform laws had to be especially sensitive to business (or in Commons's
rds, exceptionally "capitalistic" schemes). The unevenness of U.S.
or-market policy (see table 1) demonstrates the severe limitations
the uniform law strategy when applied to economically divisive
ues.

American unemployment insurance most clearly illustrates the links
ween federalism, policy effort, and policy design. Only after an
haustive, decade-long effort did the Wisconsin reformers win approval
a jobless insurance plan at the state level. The Wisconsin Legislative
erim Committee on Unemployment reported that "obviously if
sconsin is to pioneer in this field it must do so on a modest scale.
e contributions required of employers must not be so great as to
ndicap them in interstate competition."[94] While he helped design
national Social Security Act, Witte suppressed his preference for
itish unemployment insurance because he understood that Com-
ons's prevention approach would engender less resistance from state
d employer interests. Like Churchill in England, Witte's chief, Franklin
osevelt, signaled the Committee on Economic Security to choose a
rticular administrative plan. But while Churchill insisted on a *national*
employment insurance system, Roosevelt insisted on a *state-based*
in that left decisions about coverage, tax rates, and benefit levels in
hands of the states.[95] Had the Social Security Act not withstood
Supreme Court test, the unemployment insurance laws of California,
w Hampshire, and Massachusetts would have been discontinued
tomatically.[96]

onclusion

nerica's political culture and its federal policy structure shifted the
tics of the Commons groups toward reforms that minimized increased
blic expenditure in the short run and increased business responsibility
policy. If, as Klass argues, the critical differences in the American

welfare state is the "definition of community within which collective action is regarded as appropriate,"[97] it is also true that federalism limited the ways that reformers such as Commons could define community. Commons's conservative, utilitarian vision of the welfare state made a virtue of perceived necessity.

Conventional wisdom suggests that "creeping centralization" has made the American national government far more dominant since the early 1960s. However, the key conditions for interstate competition remain intact. State fiscal and policy capacity varies widely in the 1980s.[98] The economic "war between the states" shows little sign of abating.[99] The fate of American proposals mandating advance notification of factory closings—enacted only in Maine, Wisconsin, and Hawaii by mid-1988—suggests that federalism continues to shape America's distinctive labor-market policy today.

Notes

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1. For example, Werner Sombart, *Why Is There No Socialism in the United States?* (1906, reprint, London. Macmillan, 1976), Norman Furniss and Timothy A. Tilton, *The Case for the Welfare State* (Bloomington· Indiana University Press, 1977); Theodore J. Lowi, "Why Is There No Socialism in the United States? A Federal Analysis," in *The Costs of Federalism*, ed Robert T Golembiewski and Aaron Wildavsky (New Brunswick, N J Transaction, 1984); Margaret Weir, Ann Shola Orloff, and Theda Skocpol, eds., *The Politics of Social Policy in the United States* (Princeton, N J Princeton University Press, 1988)

2. Utilitarianism is a social theory first associated with the British philosopher Jeremy Bentham, who claimed that humans are motivated to seek pleasure and avoid pain Bentham believed that society could legislate rules that would maximize individual pleasure and minimize individual pain, thus maximizing the aggregate utility of society, and that the development of these rules was a science in itself. See Jeremy Bentham, *An Introduction to the Principles of Morals and Legislation* (New York Pegasus, 1969) The notion that the welfare of society is the sum of individual utility functions is a basic principle of modern welfare economics that derives from utilitarianism

3 Karl Polanyi, *The Great Transformation The Political and Economic Origins of Our Time* (Boston. Beacon, 1957)

4 John A. Garraty, *Unemployment in History* (New York. Harper & Row, 1978).

5. Congress authorized a national disability insurance program under the Social Security Act in 1956, but the new program did not supplant the state workmen's compensation programs By fiscal year 1985, the Social Security Disability Insurance program paid about $19 billion in benefits, while the state workmen's compensation programs paid about $22 billion in benefits See Office of Management and Budget, *Budget of the United States Government, Fiscal Year 1987* (Washington, D C . Government Printing Office, 1986), and William J. Nelson, Jr , "Workers' Compensation· Compensation, Benefits, and Costs, 1985," *Social Security Bulletin* 51, no. 1 (January 1985): 4–9.

6. It is extremely difficult to compare contemporary British and American labor-market programs with statistical precision because of differences in measurement techniques, dissimilar program structures, program overlap, and very limited (and dated) statistics on American state programs. Cuts in government statistics gathering have compounded these problems in the 1980s. The most reliable studies, usually issued

ım well-financed research projects in the 1960s and 1970s, are reported here. All ›se studies caution that the numbers they report are the best available estimates.

7 John R. Commons et al., *History of Labor in the United States*, 4 vols. Vols 3 and 4, *96–1932* (New York: Macmillan, 1918, 1935), 3:581; Margaret S Gordon, "Industrial uries Insurance in Europe and the British Commonwealth before World War II" d "Industrial Injuries Insurance in Europe and the British Commonwealth since ›rld War II," in *Occupational Disability and Public Policy*, ed Earl F Cheit and Margaret Gordon (New York Wiley, 1963), pp. 203, 224.

8 Nelson

9 Robert H. Haveman, Victor Halberstadt, and Richard V Burkhauser, *Public Policies ard Disabled Workers. Cross-national Analyses of Economic Impacts* (Ithaca, N Y Cornell iversity Press, 1984) 128–33. The U S. Social Security Disability Insurance program ›laced 49 percent of predisability income

10 "Benefit formulas and statutory coverage provisions have not noticeably expanded level of protection under [state] workmen's compensation in the 1980's," concluded Social Security Administration in "Workmen's Compensation· Coverage, Benefits, l Costs, 1984," *Social Security Bulletin* 49 (December 1986) 19 Both the Reagan and atcher governments had taken steps to limit coverage and benefits in nationally run ›grams, e g , the Reagan administration attempted to pare the disability rolls in its .t term, and the Thatcher government terminated Industrial Injury Benefit in 1983

11 See David Brian Robertson, *Politics and Labor Markets. Toward an Explanation of Formation and Adoption of U S Labor Market Policy* (Springfield, Va National Technical ormation Service, 1981), chap. 4.

12 Commons et al , 3 192–217, Alfred L Green, *Manpower and the Public Employment vice in Europe* (Washington, D C Government Printing Office, 1966), p 11

13 Manpower Services Commission, *Annual Report, 1985/1986* (Sheffield Manpower vices Commission, 1986), p 27, U S Department of Labor, *Annual Report, Fiscal r 1984* (Washington, D.C. Government Printing Office, 1985), p. 190.

14 Axel Mittelstadt, "Unemployment Benefits and Related Payments in Seven Major untries," *OECD Economic Outlook Occasional Studies*, no 17 (July 1975), pp 3–9

15 Sar A Levitan and Clifford M. Johnson, *Beyond the Safety Net Reviving the Promise Opportunity in America* (Cambridge, Mass : Ballinger, 1984), p 132

16 Ibid , Mittelstadt. In the United States, the average weekly benefit in 1985 varied m 48 percent of average weekly wages in North Dakota (and about 45% in Hawaii d Utah) to 26 percent in Indiana (and less than 30% in Alaska, California, Missouri, l Tennessee); U.S Department of Health and Human Services, *Social Security Bulletin, nual Statistical Supplement, 1987* (Washington, D C Government Printing Office, 87), p 261

17 Harold Wilensky, *The Welfare State and Equality Structural and Ideological Roots of blic Expenditures* (Berkeley University of California Press, 1975), David Collier and hard E Messick, "Prerequisites versus Diffusion Testing Alternative Explanations Social Security Adoption," *American Political Science Review* 69, no 4 (December 75) 1299–1315.

18 Louis Hartz, *The Liberal Tradition in America An Interpretation of American Political ought since the Revolution* (New York Harcourt Brace, 1955) A valuable collection of s literature is included in John H M Laslett and Seymour Martin Lipset, eds , *Failure ı Dream? Essays in the History of American Socialism* (Garden City, N Y Anchor, 1974)

19 Ann Shola Orloff and Theda Skocpol, "Why Not Equal Protection? Explaining Politics of Public Social Spending in Britain, 1900–1911, and the United States, 80s–1920," *American Sociological Review* 49, no 4 (December 1984) 736.

20 Edward Berkowitz and Kim McQuaid, *Creating the Welfare State The Political nomy of Twentieth-Century Reform* (New York Praeger, 1980).

21 James L Sundquist, "A Comparison of Policy-Making Capacity in the United ıtes and Five European Countries· The Case of Population Distribution," in *Population licy Analysis*, ed. Michael E. Kraft and Mark Schneider (Lexington, Mass Lexington oks, 1978); Lowi (n 1 above); David R. Cameron, "The Expansion of the Public nomy: A Comparative Analysis," *American Political Science Review* 78, no 4 (December 78) 1243–61, Robert Salisbury, "Why No Corporatism in America?" in *Trends Toward rporatist Intermediation*, ed Phillippe Schmitter and Gerhard Lembruch (Beverly Hills, lif Sage, 1979).

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23. Hugh Heclo, *Modern Social Politics in Britain and Sweden* (New Haven, Conn. Yale University Press, 1974).

24. James G. March and Johan P. Olsen, *Ambiguity and Choice in Organizations* (Bergen Universitesforlaget, 1976); John Kingdon, *Agendas, Alternatives, and Public Policies* (Boston Little, Brown, 1984); David Brian Robertson, "Program Implementation versus Program Design. Which Accounts for Policy 'Failure'?" *Policy Studies Review* 3, nos. 3–4 (May 1984): 391–405.

25. Heclo, p. 311, C. F. Robert Eyestone, *From Social Issues to Social Policy* (New York Wiley, 1978); Eugene Lewis, *Public Entrepreneurship: Toward a Theory of Bureaucratic Political Power* (Bloomington: Indiana University Press, 1980), David Dery, *Problem Definition in Policy Analysis* (Lawrence: University Press of Kansas, 1984), Theodore R Marmor with Philip Fellman, "Policy Entrepreneurship in Government: An American Study," *Journal of Public Policy* 6, no. 3 (July–September 1987): 225–54

26 Lord William H Beveridge, *Power and Influence* (New York. Beechhurst, 1955), pp. 64, 66, 70; Maurice Bruce, *The Coming of the Welfare State* (New York. Schocken, 1966); Bentley Gilbert, *The Evolution of National Insurance in Great Britain The Origins of the Welfare State* (London. Michael Joseph, 1966); José Harris, *Unemployment and Politics. A Study of English Social Policy, 1886–1914* (Oxford: Clarendon, 1972), Heclo, p 317.

27. William H. Beveridge, *Unemployment A Problem of Industry* (1909, reprint, London Longmans, 1930), quotation is from Bruce, p. 165.

28. Sir William H. Beveridge, *Social Insurance and Allied Services*, Cmnd. 6404 (London His Majesty's Stationery Office, 1942)

29. Furniss and Tilton (n 1 above), pp 104–12

30 The Board of Trade, established in 1699 to regulate commerce and to coordinate colonial policy, had enormous latent authority, as its Liberal directors David Lloyd George and Winston Churchill discovered in the early 1900s. These presidents extended the board's authority to establish factory inspection laws, minimum wage laws, and other labor and commercial regulations. See R Davidson and R Lowe, "Bureaucracy and Innovation in British Welfare Policy," in *The Emergence of the Welfare State in Britain and Germany, 1850–1950*, ed W J. Mommsen (London Croom Helm, 1981)

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32 Ibid.

33 John R. Commons, *Myself* (New York Macmillan, 1934)

34. John R. Commons and John B. Andrews, *The Principles of Labor Legislation* (New York: Harper, 1916), John R. Commons et al , *History of Labor in the United States* (n 7 above), John R. Commons and William R. Leiserson, "Wage Earners of Pittsburgh," in *Wage Earning Pittsburgh*, ed. Paul U Kellogg (New York: Russell Sage, 1914).

35 Richard Hofstadter, *The Age of Reform. From Bryan to FDR* (New York Vintage, 1955), p. 155; see Joseph Dorfman, *The Economic Mind in American Civilization* (New York. Viking, 1955), p 377

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The Struggle for Social Security, 1900–1935 (Cambridge, Mass. Harvard University Press, 1968), p 259.

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46 Freeden, pp 184–185; Harris, *William Beveridge· A Biography*, pp. 87–88, 471–79

47 Beveridge, *Unemployment* (n. 27 above), pp. 410–11, Sir William H Beveridge, *Planning under Socialism and Other Essays* (London Longmans, 1936), p. 137.

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51 Commons, *The Legal Foundations of Capitalism*, pp 41–42.

52 Henry D Aiken, *Hume's Moral and Political Philosophy* (New York Hafner, 1972)

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55. Beveridge, *Planning under Socialism and Other Essays*, p. 137.

56 John R. Commons, *The Economics of Collective Action* (New York. Macmillan, 1950), p. 294

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60. Commons, *Institutional Economics*, p. 887; D. S. Nelson, p 106.

61. Commons and Andrews (n. 34 above), p. 454, John R. Commons, *Industrial Goodwill* (New York: McGraw-Hill, 1919), pp. 77–79; Commons, *The Distribution of Wealth* (n. 50 above), p. 258; Commons, *The Legal Foundations of Capitalism* (n. 50 above), p 363

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65. Sir William H. Beveridge, *Full Employment in a Free Society* (London: George Allen & Unwin, 1944), p. 205.

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82. Davidson and Lowe (n. 30 above).

83. Keyssar (n. 38 above), pp. 179–80; Orloff and Skocpol

84. Harris, *William Beveridge: A Biography*, pp. 177, 230–31, 375–77; Irwin Yellowitz, *Labor and the Progressive Movement in New York State, 1897–1916* (Ithaca, N.Y : Cornell University Press, 1965)

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Author's Reply

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I am pleased that Bruce Thyer has written a response to my recent article ("Information Gain through Integrated Research Approaches," Social Service Review 61 [June 1987]: 337–64), in which I discussed a reanalysis of data originating from his experiment.[1] Again, I would like to express my appreciation to him for access to his data and for his permission to subject it to secondary analysis.

Thyer expresses concerns in his response to my article in two general areas: the substantive conclusions reached, and certain methodological assertions I made.

First, Thyer expresses concern that I have stated conclusions in my article too strongly, that my conclusions should best be viewed as new hypotheses requiring confirmation through replicative research. If the wording of my conclusions implies a definitive and final assertion about the effects of ethanol alcohol on anxiety, then I have, albeit unintentionally, misled the reader. I tried to word the conclusions in such a manner as to convey to the reader a tentative quality concerning their validity. Indeed, the conflict between the results of my analysis and that of Thyer can best be viewed as creating an anomalous empirical problem for both Thyer's and my own analyses.[2] This anomalous problem can only be resolved by replication utilizing design elements allowing a strong and valid test of the research hypotheses concerning the antianxiety properties of ethanol alcohol. Until further confirmatory research resolves this anomalous problem, the validity of the substantive conclusions reached in both analyses is threatened.

Thyer next discusses possible alternative explanations for the results of my reanalysis: that "expectations," "familiarity with the procedures," or "trust in the researcher" explain the results obtained. I consider these alternative explanations relatively weak for several reasons. First, Thyer used random assignment of subjects to groups in his experiment. The probabilistic theory on which this procedure is based would tend to rule out differing levels of expectancy, familiarity, or trust between the two groups employed in his study.[3]

...rse, probabilistic and, hence, does not definitively rule ... these extraneous variables, but it does argue against ...ndom assignment of subjects to groups creates, on the ...ically equivalent groups in which the means and variances ...bles are equal.[4] This would lead one to expect that the ...y, trust, and familiarity would be the same in the two ...n assignment process provides a powerful control over ...riables. Sampling variability will, of course, often lead to ...variances between groups formed via random assignment. ... nature of the theory undergirding the random assignment ... operation of these extraneous variables a less likely cause ...group differences than the effects of differing levels of blood ...oes not definitively rule them out, however.
the experimenter was also "blind" to the condition of each subject. ...s against many forms of experimenter effects. Finally, it has been ...t partialing pretreatment measures of the dependent variable from ...ent measures of the dependent variable prior to examining the ...ects of the independent variable provides some statistical control over ex...aneous factors.[5] To the extent that this argument is valid, the procedure ...which was used in my data analysis) provided some additional control over ...iffering levels of extraneous variables in the two groups. Thus, all in all, it ...eems unlikely that anything other than the effects of different levels of alcohol intoxication explains the between-group differences detected in the reanalysis.

Thyer also discusses statistical power. Indeed, it is difficult, at the current stage of development of many areas of social research, to carry out preexperiment power analyses. Thyer seems to use this difficulty to suggest that any post hoc criticisms of research on the grounds of statistical power are inappropriate. I believe this to be an erroneous approach, one that can result in misleading and inaccurately reported research results. Thyer admits the low statistical power of his study (a characteristic confirmed by my own power analysis). Yet, given this low power, Thyer concluded in his study: "The results of this experiment seem clear-cut—ethanol intoxication does not reduce phobic anxiety. This contradicts a fundamental assumption of the TRT. Phobic anxiety, although somewhat diminished in both groups during the second BAT, was not decreased to a greater extent in the intoxicated [subjects] relative to the placebo group. Accordingly, the present study contributes a further piece of evidence toward falsification of the TRT. *The robustness of this conclusion seems rather strong*" (underlining added).[6] In Thyer's study the probability of a type II error could be .7 or higher, depending on the effect size one deems critical to the test of the tension reduction theory. Reporting a null result as "robust" when the probability of a type II error is this high seems to be potentially misleading and inaccurate scientific practice, regardless of how difficult it might be to carry out preexperiment power analyses. At the very least, it would seem necessary and appropriate to report the actual power of the experiment and the possible implications of that statistical power for the hypothesis under study.

Thyer next discusses methodological assertions made in my article. Specifically, he criticizes my lack of graphic data and visual analyses of these data. The assertion is made that this lack makes my reanalysis a purely nomothetic exercise and not a complete integration of single-subject and group-comparison methodologies. I agree and disagree. The lack of presentation and qualitative visual analyses of graphic data on each subject in the study does, indeed, deprive the reader of a valuable source of information about the experiment. However, I also feel the approach taken in the reanalysis of Thyer's data does

provide information not available in single-method approaches to treatment evaluation and demonstrates a means—though surely not the one or the only means—of integrating idiographic and nomothetic methods. The repeated measures used in single subject research provides for control at the individual subject level and rectifies other limitations inherent in classical group-comparison methods. The use of random assignment of subjects to groups provides control over extraneous variables at the aggregate or group level. A replication series of single-subject designs, a procedure used in single-subject methodology to establish the reliability of an effect, might be formed using random assignment, as well as other procedures, from classical group-comparison methodology.[7] Vector descriptions of responses in single-subject designs can be used to mathematically describe the set of measurements of an individual, capturing information created by the design on the repeated measures. Indeed, these vector descriptions can be shown to arise from a mathematical model of the single-subject research design.[8] Analyzing the response vectors arising from subjects involved in a controlled single-subject replication series provides a means of detecting systematic variation in treatment effects, systematic variation induced by the influence of variables that mediate the effect of an intervention. Thus, in a mathematical sense, the information contained in a single-subject study is retained in the approach described in my article. Further, one must not lose sight of the questions to be answered by the analysis of the replication series response vectors: is there systematic variation in these response vectors and, if so, under the influence of what variables? The very nature of this question requires an aggregation of single-subject studies and the analysis of multiple responses. Thus, the omission of graphic displays and visual analyses from my article does decrease the information contained in the presentation of the research; however, the information contained in the response set of each subject in Thyer's study has been retained in the analyses described.

Finally, I agree with Thyer's concluding comments about fitting the design to the research problem at hand. If the question concerns the treatment response of a single individual, then single-subject methods are very well suited to the task. If the question concerns the effectiveness and applicability of a particular intervention (with what problems, with clients having what characteristics, and under what circumstances is the intervention effective), then my contention is that the integration of single-subject and classical group-comparison methods provides greater information than use of either set of methods alone. This is, in essence, the fundamental assertion put forth in "Information Gain through Integrated Research Approaches."

Notes

1. B. Thyer and G. Curtis, "The Effects of Ethanol Intoxication on Phobic Anxiety," *Behaviour Research and Therapy* 22, no. 6 (1984): 599–610.
2. See Larry Lauden's discussion of anomalous empirical problems in his book *Progress and Its Problems* (Berkeley: University of California Press, 1977).
3. D. Cook and D. Campbell, *Quasi-Experimentation* (Boston: Houghton Mifflin, 1979)
4. Ibid.
5. See chap. 10 in J. Cohen and P Cohen, *Applied Multiple Regression/Correlation Analysis for the Behavioral Sciences*, 2d ed. (Hillsdale, N.J . Erlbaum, 1983).
6. Thyer and Curtis, p 608.
7. D. Barlow and M. Hersen, *Single Case Experimental Designs*, 2d ed. (New York Pergamon, 1984). See also J. Johnston and H. Pennypacker, *Strategies and Tactics of Human Behavioral Research* (Hillsdale, N.J.: Erlbaum, 1980).
8. W. R. Nugent, "A Mathematical Model for Analyzing Single Subject Design Replication Series" (unpublished manuscript).

Comments on "Research Paradigms in Social Work: From Stalemate to Creative Synthesis"

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Colin Peile's article, "Research Paradigms in Social Work: From Stalemate to Creative Synthesis" (*Social Service Review* 62 [March 1988]: 1–19), has the worthwhile goal of providing a synthesis of conflicting or partial views of the research paradigm of choice for social work. Peile endorses three distinct paradigms but favors what he terms the "creative paradigm."[1] Unfortunately, Peile rests his argument on a conceptual analysis whose categories are inherently flawed. The problem lies with the unexamined and problematic ontology that regulates his conceptual analysis.

Peile attempts to reach a useful synthesis by relating and synthesizing terms that he says represent the two sides of the current social work debate about research paradigms. However, Peile does not recognize that the terms he attributes to each side are ontologically distinct rather than ontologically isomorphic. Therefore, by definition, he cannot achieve a true synthesis but is limited to a syncretistic mixture that is misleading and, ultimately, divisive. Peile's stated purpose in presenting the categories that are supposed to represent the "empirical" and "normative" alternatives to research is to exemplify the deadlocked nature of the dispute about optimal research paradigms.[2] Nevertheless, Peile goes on to make these two categories the basis for his synthesis, in spite of the fact that they rest on mutually exclusive ontologies.

For example, to the extent that Peile identifies the "normative" alternative with the heuristic paradigm that I have advocated, his dichotomous categories are invalid, and I would like to correct this central misconception. First, the heuristic paradigm actually includes many of the characteristics Peile attributes to the other, "empiricist" view. Examples are prediction, observation, quantitative methods, measurement and testing, and the focus on content. Second, many of the characteristics Peile ascribes to the "normative" paradigm are in direct conflict with the tenets of the heuristic paradigm in that they arise from what the heuristic paradigm would consider to be spurious dichotomies. Examples of these untenable dichotomies are: (1) "Bias limitation (value free)" / "Bias incorporation (value ladenness)"; (2) "Separation of knowledge" / "Integration of knowledge and values"; (3) "Objective" / "Subjective", (4) "Detachment" / "Involvement"; and (4) "Aim for certainty" / "Reliance on faith."[3]

In summary, Peile's assertion that the heuristic paradigm I have advanced corresponds even roughly to his "normative" model is entirely unfounded. The heuristic paradigm does not advocate replacing one restrictive paradigm of research with another. For example, as I have repeatedly emphasized, there is ample room in the heuristic paradigm for the experimental model and quantitative data.[4] The heuristic paradigm propounds a flexible, inclusive, open approach to research, which, however, is not equivalent to a paradigm of absolute relativism. The philosophical justification for the breadth of the heuristic paradigm is that there are no sound epistemological or ontological grounds for a more restrictive paradigm of research.

Thus, rather than representing one side of a dialectic, the heuristic paradigm itself represents an inclusive synthesis. It is in opposition to no rational methodology, but only to an inauthentically restrictive and outmoded ontology and epistemology. It is this distinction that Peile does not understand. The heuristic paradigm is at once sufficiently flexible and sufficiently rigorous to end the current factionalism and to satisfy social work's need for productive and relevant research.

Notes

1 C. Peile, "Research Paradigms in Social Work From Stalemate to Creative Synthesis," *Social Service Review* (March 1988)· 1–19, esp. 2.

2 Ibid , p 4.

3. Ibid

4 M. B. Heineman, "The Obsolete Scientific Imperative in Social Work Research," *Social Service Review* 55 (September 1981). 14–15, "Author's Reply," *Social Service Review* 56 (January 1982): 146–48, M. Heineman Pieper, "The Future of Social Work Research," *Social Work Research and Abstracts* 21 (Winter 1985) 6, "Some Common Misunderstandings of the Heuristic Approach," *Social Work Research and Abstracts* 22 (Spring 1986) 2, 22, and "The Author Replies," *Social Work Research and Abstracts* 22 (Summer 1986)· 2

Reviews

Book Reviews

Common Decency: Domestic Policy after Reagan. By Alvin L. Schorr, with a contribution by James P. Comer. New Haven, Conn.: Yale University Press, 1986. Pp. x+246. $20.00 (cloth).

The subject of *Common Decency: Domestic Policies after Reagan* is "what decency requires of us outside the circle of our family and friends" (p. 2) or, in other words, a public policy for the post-Reagan years. Most of the book is devoted to the development of specific policy recommendations in the areas of income distribution, housing, health, and public education. Schorr's primary objective, however, is more fundamental: to advance a set of principles which, if translated into public policy, will move Americans toward the realization of a deeper sense of community than now prevails in our "disordered society," a society unduly preoccupied with individual liberty. "The basic message," Schorr says, "is not the specific proposals so much as the feasibility of an approach to embodying our principles and search for community in the quotidian tasks of government" (p. 214). It is the acceptance of a public philosophy based on communitarian principles, not the specifics of his policy views, that is the most important issue raised by this book.

Five principles that will enhance our sense of common purpose and achievement and provide a framework for specific policies are presented in chapter 2. The first is "fair shares," a nearer approach to equality of command over material resources. Only through adoption of this principle, Schorr believes, will we substantially reduce poverty and deprivation among "historically aggrieved groups." The second principle is the elimination of means testing in social programs or what Schorr terms mainstreaming (and others have termed universalizing). By adopting this principle, he argues, we can reverse the movement toward "invidious rationing for the poor" and eliminate the social segregation associated with means-tested programs.

Full employment is the third principle in Schorr's public philosophy. Failure to achieve it leads to widening gaps between blacks and whites, men and women, adults and youths, and to psychosocial alienation of those who are unable to sustain themselves through work. The fourth principle is "selective decentralization": empowering neighborhoods and local communities to contribute in areas of public policy where they are or can be relevant. "Local community," he believes, "undergirds national community" (p. 44). Finally, Schorr advocates ethnic and racial integration, by which he means "contact and communication" and "movement toward equality of outcome." Such a

principle is necessary, in his view, to eliminate extensive and deeply rooted racism in America.

In his concluding chapter he returns to these principles, underscoring their importance. "If we shape our institutions to reflect a decent society," he believes, "we are likely in the process to develop the culture of a decent society" (p. 215). Indeed, he argues, "spirit or principles are the heart of our policies, not cost. . . . Increased resources are not essential" (p. 215). He concludes, "If we will express decency through policy as well as in personal relationships, if we will understand that in the modern world one affects us as deeply as the other, and if we will call on the skill and sophistication that are widely available, we may yet build a society that is just and fraternal" (p. 216).

Most of Schorr's compact book is devoted to the development of specific policy ideas. He presents a thoughtful agenda of carefully crafted, though generally familiar, suggestions without the cant that usually accompanies presentations of liberal social-policy prescriptions. His suggestions are not meant to be definitive. "Arriving at desirable policies will require thoughtful balancing and trading off" (p. 34). Moreover, he takes the long view. "Much that [is] offered . . . is incremental—that is, it builds on existing institutions and structures. Usually, although not always, increments are easier to bring off. . . . An advantage of the approach taken here is that it applies itself to our political system as it actually works[,] . . . permitting progress here while we mark time there, testing an approach in one place before trying it in another" (pp. 213, 214). Weaving the incremental pieces together into a coherent whole are his repeated references to the principles they serve.

Schorr's income-security policies would "stop adding to government incentives for private insurance" because "they widen the gap between rich and poor" (p. 54). In their place he would substitute extensions of social insurance that cover "newer major risks" affecting women, children, the unemployed, and the underemployed. With respect to Social Security, he would reestablish the retirement age at 65, reintroduce a minimum benefit, disregard the lowest 5 years of earnings in calculating benefits, liberalize maximum payments for families, and allow for increased benefits as age advances. The effects of such changes would be "to redirect program funds to the least affluent, to substitute mainstream Social Security for Supplemental Security Income (SSI) and Aid to Families with Dependent Children (AFDC) and to address the needs of women and children more effectively" (p. 69). For individuals unemployed for 6 months or more, Schorr would replace existing unemployment insurance programs with a program combining assistance with "well-considered job training," one serving "the common needs of young adults, the middle aged, and those approaching retirement" (p. 76).

To deal with the poverty of women and children, Schorr recommends a refundable tax credit to replace the personal exemption in the individual income tax. Together with measures described above, a well-designed refundable tax credit would, he believes, reduce the AFDC caseload by 30–40 percent. He also suggests direct federal administration of AFDC and the universalization of the Unemployed Parent Program. Once this program is "working in an orderly fashion," Schorr would "build a social work component into it" (p. 103). He would also liberalize AFDC assets tests but, in the light of the training and unemployment benefits and refundable tax credits he proposes, income disregards and work requirements would be unnecessary. Finally, he would improve SSI benefits, liberalize assets ceilings, and drop the benefit reduction for aged persons living with a relative.

To deal with the lack of affordable housing, Schorr favors a modest program of housing allowances together with subsidies to stimulate housing construction

and rehabilitation during periods of low activity to ensure stable levels of investment in the nation's housing stock at the rate of eight to ten dwellings per 1,000 population annually. He opposes a housing allowance entitlement because of its means test.

In contrast to his largely incrementalist approaches to income security and housing (the refundable tax credit is more radical, he concedes), Schorr deplores the kinds of health policies that proceed objective by objective and sector by sector and lead to an incoherent, inadequate, expensive nonsystem of health care provision. "The analogy to the defense industry is by no means overdrawn. . . . Reform cannot be sought incrementally" (pp. 176, 180). Instead, he favors "deep reform" involving some form of national health insurance combined with some form of national health service. Repeating a theme of the book, Schorr believes that "thought and study are required to place [health care] plans before the public with sufficient care so that they may be understood" (p 185).

Finally, through the device of a chapter authored by James P. Comer, Schorr advocates national policies that eliminate inequities in public school finance, place increased emphasis on early childhood development, invest in improving preparation of school-based professionals, and promote changes in school organization and management at the local level to emphasize community accountability.

A brief summary such as this cannot do justice to the subtleties and nuances of Schorr's exceedingly fine-grained analysis. At its best, the discussion is closely reasoned, rich in facts and references, and meticulous in developing the bases for specific proposals. At times, however, the writing is a bit stuffy. "It may be conducive to rumination that this simple set of figures went virtually unremarked" (p. 95). This is a book more for well-informed professionals with considerable exposure to public policy than for students, who may find the exposition tedious and hard going.

The book's chief contribution lies in Schorr's success in establishing the relationship between his public philosophy and the specifics of public policies and in the liberality and decency of his principles One might wish that he had taken issue more directly with those among his liberal brethren who are defecting from principles of universal entitlement to the emerging liberal-conservative consensus favoring work requirements, obligation, and precise targeting of benefits. His rebuttal, though largely implicit, seems clear: common decency requires that we avoid such anti-communitarian policies. He makes a good case.

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Politics, Economics, and Welfare Reform. By Leslie Lenkowsky. Lanham, Md.: University Press of America, 1986. Pp. 216. $24.50.

At a time when "welfare reform" has appeared once again on the political agenda, Leslie Lenkowsky's *Politics, Economics, and Welfare Reform* offers a useful vantage point for evaluating current efforts. Lenkowsky's book, which traces the rise and fall of the idea of a negative income tax (NIT), provides two points of reference for contemporary policy analysis. First, it provides a historical perspective by investigating previous efforts to reform American welfare policy Second, it uses comparative evidence drawn from Britain's

experience with NIT proposals to investigate some broad hypotheses about the politics of policy-making in advanced welfare states. His detailed investigation of past events contains a wealth of interesting material, even though there are good reasons for rejecting important aspects of his main conclusions.

The negative income tax was widely heralded in the late 1960s as an effective means of reducing poverty. It appealed to both liberals and conservatives because it offered the prospect of major aid to the poor without a large bureaucracy or many of the stigmatizing intrusions usually associated with means-tested assistance. In theory, at least, these benefits could be provided without reducing work incentives since a recipient's take-home income would always rise with increased earnings. According to Lenkowsky, it was the attractiveness of this "incentive theory" that made the approach appealing to a Republican administration in the United States and a Conservative government in Britain. The resulting reform proposals, Nixon's Family Assistance Plan (FAP) and the Heath government's Family Income Supplement (FIS) and a tax-credit plan, are the subjects of Lenkowsky's analysis.

Relying on the public record and an extensive range of interviews with major participants in both countries, Lenkowsky sets out to answer two major questions. Why did two seemingly quite different countries generate such similar reform proposals? Given the alleged irrationality of existing programs, the seeming rationality of the NIT, and initially wide support from both liberals and conservatives, why did reform proposals largely fail in each case? While his answers clearly capture part of the story, even his own description of events in each country suggests that the full explanation is more complicated.

In explaining why British and American policymakers converged on NIT proposals around 1970, Lenkowsky places great emphasis on the spreading role of experts in policy analysis. The concept of the negative income tax, originated by George Stigler and popularized by Milton Friedman, had been widely discussed in academic circles in the United States and Britain during the 1960s. The growing political role of academics helped translate the idea into concrete proposals for reform.

While the role of social scientists in fashioning NIT programs was certainly important, Lenkowsky's account downplays the way in which the limitations of existing policies generated pressure for reform. One thing this book makes clear is that all of the criticisms of AFDC being heard today were being voiced 20 years ago. At the time, the rapidly rising number of recipients produced an even greater sense of urgency. Nor was the British situation radically different. Despite important distinctions between British and American antipoverty programs, both relied more heavily than most advanced welfare states on means-tested benefits. The resulting highly bureaucratic, highly stigmatizing programs offered serious disincentives to work. It was the shortcomings of existing approaches as much as anything that made negative income tax proposals attractive.

More important is the question why these seemingly useful reforms were rejected. Though this is supposedly the main task of Lenkowsky's analysis, his answer remains somewhat unclear. Initially he seems eager to refute the idea that FAP failed because of the fragmentation and "multiple vetoes" inherent in America's special style of politics. If Britain's more centralized polity also rejected NIT proposals, he argues, some other factors must account for the rejection of FAP. At times he suggests that NITs were rejected because they were too complicated or simply embodied a bad policy idea. The political calculations of Democrats and Labor party politicians, who rigidly adhered to existing approaches and rejected the notion that those on the political right

could produce progressive social reform, also receive a major share of the blame for the failure of NIT proposals.

On this point, Lenkowsky's explanation is quite unsatisfying. Though conservative opponents of FAP emphasized that the new program might include high enough marginal tax rates to create work disincentives, Lenkowsky rightly points out himself that work disincentives were far worse under existing arrangements. Conservative opposition to FAP had other bases. Southern congressmen and senators were overwhelmingly opposed to FAP, despite the fact that it would have greatly increased the flow of federal revenues to that region. Senators from states where FAP would have meant a large increase in federal assistance—for example, Russell Long of Louisiana—played a very prominent role in defeating the proposal. Lenkowsky, however, pays little attention to opponents of FAP who objected in principle to providing a guaranteed income to the poor.

Lenkowsky provides too little evidence for the reader to judge effectively the rationality or irrationality of opposition to NIT proposals. Information about existing programs, the circumstances of the poor, and the contents and implications of proposed reforms is too sketchy. This is especially true for the British case, where, without consulting additional sources, the reader must rely heavily on the author's assertion that critics' objections were or were not reasonable. A more detailed examination of proposed and existing policies would have strengthened the book without making it overlong.

Another problem is Lenkowsky's occasional tendency to offer broad generalizations that simply cannot be substantiated from the material presented. In particular, he moves too easily from a discussion of "welfare" to arguments about the "welfare state." These are two quite different concepts, and evidence concerning programs targeted for the poor provides a dubious basis for offering statements about the largely social insurance-based programs of the modern welfare state. One could ask, for example, how Lenkowsky can use the *rejection* of these expensive reform proposals to demonstrate the strongly expansionary nature of welfare states (p. 140).

This is a book, like Charles Murray's *Losing Ground*,[1] that must be read with caution. Because it does not employ statistical data to buttress its claims, it does not warrant the quantitative skepticism that *Losing Ground* rightly received.[2] The central question Lenkowsky asks—why did a straightforward and adequate guarantee of income not emerge in either Britain or the United States after 20 years of discussion—is a fascinating one. But the answers he offers—complex, shifting, often unclear—are further weakened by at least three features of this book. One is the conflation of welfare reform with reform of the welfare state, a problem already noted. The second is the extraordinary failure to take into account the major environmental feature of the 1970s in all Organization for Economic Cooperation and Development nations: the stagflation following the oil crisis of 1973–74. Whatever accounts for the early fate of FAP and FIS, the economic setting after 1974 was exceedingly bleak for the enactment of bold new programs of poverty reform. Increased unemployment, attacks on inflation, radical shifts in terms of trade—all of these factors brought economic policy, not the reform of the welfare state, to the fore. To the extent that social policy reform was on the agenda, it was because of the argument that social expenditures had contributed to economic troubles But since the fiscal realities showed social insurance to be crucial and poverty programs relatively trivial, tinkering with FIS, FAP, or tax credits could not, in the context of the late 1970s and early 1980s, be shown to be central to the new order. Changing circumstances—not bad ideas or policy entrepre-

neurs—are central to understanding the fate of earlier reform proposa Finally, this book reflects its disjointed preparation over 15 years. It omits wealth of scholarship that emerged after Lenkowsky left graduate school ma years ago, most prominently the work on welfare policy and politics of K Bowler, Laurence Lynn, and the Wisconsin Institute for Research on Povert What Lenkowsky does not omit, he often gets wrong. He knows little abo the world of social insurance and, in particular, seems to believe that Medica a $70 billion program, simply does not exist. "Britain," he says, "provid medical care through a public health service that can be used by anyone, wh the United States pays medical bills only of the needy and leaves others make their own arrangements" (p. 171).

With errors like that, the reader must beware. Read as a partial guide the welfare reform debates of the late 1960s and 1970s, this book is a usef cross-national compendium of debate. Read as a careful explanation of t fate of welfare reform in the welfare states of Britain and the United Stat Lenkowsky's effort is a mix of fascinating material, myth, and considerat conceptual mush.

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Notes

1. Charles Murray, *Losing Ground* (New York: Basic, 1985)
2. Christopher Jencks, "How Poor Are the Poor?" *New York Review of Books*, May 1985; and Institute for Research on Poverty, "Are We Losing Ground?" *Focus* 8, no (Fall/Winter 1985): 1–12.
3. Robert Haveman, ed., *A Decade of Federal Antipoverty Programs Achievements, Failu and Lessons* (New York: Academic Press, 1977); Laurence E. Lynn, Jr, and David d Whitman, *The President as Policymaker: Jimmy Carter and Welfare Reform* (Philadelph Temple University Press, 1981), M. Kenneth Bowler, *The Nixon Guaranteed Inco Proposal: Substance and Process in Policy Changes* (Cambridge, Mass.. Ballinger, 1964)

Child Group Psychotherapy: Future Tense. By Albert E. Riester and Irv A. Kraft. Madison, Conn.: International Universities Press, 1986. Pp. 28 $30.00.

In the field of child group treatment, where the literature is notably devo of a variety of practice and theoretical contributions, this third volume of t American Group Psychotherapy Association's monograph series is heralde by Saul Scheidlinger as the first "satisfactory" text. The series consulting edit Dr. Fern J. Cramer Azima, notes that it "will be an invaluable resource f both the beginning and senior therapist, and make an important contributi to the advancement of group psychotherapy training and practice with childre (p. xii). Within this context, expectation is indeed high for the twelve chapte to follow.

This volume deserves utilization as a major text in the field. In an all-too-brief four-page introductory chapter, the editors outline themes and topics These become somewhat muddled owing to oversummarization and allusion to six unidentified methods. Yet several chapters stand out for their excellence, newness, and uniqueness.

Fern Azima's seminal chapter, "Countertransference: In and beyond Child Group Psychotherapy," deserves a wide audience of individual and group child psychotherapists because of its clarity and thorough exploration of this difficult concept. Azima expands the traditional definition to include the "therapist's subjective, emotional, and conflictual responses reactivated in the interaction with an individual patient or the group as a whole, and extends horizontally in the present and vertically in time. It includes both intrapsychic and interpersonal phenomena" (pp. 153–54). Azima describes nine examples and three techniques for reducing countertransference. In an attempt to counteract the more traditional, negative connotation of countertransference, she suggests that not all "therapist's reactions are subjective countertransferences; they may well be objective reactions to a presently stressful interaction" and, further, that there is value in open disclosure of the "real" self of the therapist at the group, team, and supervisory levels (p. 154). Although narrower in scope, this chapter should become a classic in the field, much as has S. R. Slavson's article, "Differential Methods of Group Therapy in Relation to Age Levels," written in 1945 and reprinted in this volume.

Gerald Schamess's chapter, "Differential Diagnosis and Group Structure in the Outpatient Treatment of Latency Age Children," is an updated version of an earlier outstanding article. It provides an excellent introduction to the different models utilized for different diagnoses. This chapter accomplishes the challenge of comparison and evaluation, highlighting the importance of group structure by providing four common elements yet differing in emphasis due to developmental and pathological characteristics. "Specific group structures . . will encourage higher levels of object relatedness while facilitating compensatory ego development" (p. 67). He concludes, "Analysis of the literature supports the premise that group treatment is an effective modality for children in all the major psychoanalytic and DSM III [*Diagnostic and Statistical Manual of Mental Disorders* (3d ed.)] diagnostic categories" (p 66).

Robert Dies and Albert Riester are both thorough and rigorous in "Research on Child Group Therapy: Present Status and Future Directions." They evaluate and compare eighteen recent clinical research reports on the efficacy of group psychotherapy with children. To support research efforts so crucial to the field, they outline critical issues and offer guidelines to help bridge the gap between practice and investigation. One such guideline states that more active collaboration needs to take place, with clinical realities taking precedence over research expediency. Another states that researchers need to be openly invited to evaluate clinicians' interventions and "must spend more of their time observing and interacting with clinicians" (p. 216).

S. R. Slavson and Mortimer Schiffer have been the field's most prolific writers. In "Activity Group Therapy Revisited," Schiffer once again defines and clarifies activity group therapy (AGT) but adds an evaluation of various modifications. Through examples, Schiffer clearly explains the AGT interpretation of the therapist's role in the area of permissiveness and intervention Further disentanglement of theoretical and technical issues in this controversial area of the group analytic field is left to the future.

Additional chapters include discussions of groups of parents, socially deficient children, children of divorce, and abused children (Gaines); diagnostic play groups (Liebowitz and Kernberg); an innovative use of a two-stage model first

utilizing dual therapy and gradually forming a larger group (Crawford-Brobyn and White); training and supervision (Soo); special settings (MacLennan); and innovative and creative approaches (Kraft).

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Psychotherapy with Adolescent Girls. By Doris Lamb. New York: Plenum Press, 1986. Pp. 278. $29.50.

This is the second edition of a book originally published in 1978. Lamb has totally revised and expanded the first edition, adding much anecdotal material and making it more practical. As she comments, "This is the book I intended to write in the first place" (p. ix).

In reading this book, it is clear that Lamb has vast experience in working with adolescent girls and has developed a "flexible and pragmatic" (p. 234) approach that works for her. She is quick to point out that her diagnostic base is psychodynamic, but she feels that "insight, in its classical meaning . . . is of little value in the treatment of the adolescent girl" (p. x). All of her discussion, however, is about helping the teen girls accomplish the psychodynamic adolescent developmental tasks of separation, individuation, identity formation, achieving intimacy, and developing a sense of mastery.

This orientation is both a strength and a limitation of the book. On the one hand, knowing the point of view of the author helps the reader understand the anecdotal material. A severe limitation, on the other hand, is the assumption that depression caused by unresolved developmental issues is the basis for almost all adolescent girls' problems. This limited focus leaves out societal and family issues and ignores the physiological and psychological impact of substance abuse. I work with many adolescents who may be depressed owing to substance abuse rather than the other way around. Not addressing this as a physical as well as psychological issue is inconsistent with current research.

Lamb begins with a chapter of general concepts, where she chooses two major stages of adolescence (12–15½ and 15½–18) instead of the more usual three and outlines her basic approach to therapy. This is followed by several chapters on specific topics: "The Younger Adolescent's Psychotherapy," "Depressed Girls in the Early Phase of Adolescence," "Limit Setting on the Younger Adolescent," "Depression in the Older Adolescent," and "Acting Out in the Older Adolescent." These chapters are followed by two on "Therapeutic Use of the Psychiatric Hospital," one on "Transference and Countertransference," and one on "Advising Parents." The final chapter, "Guidelines for Therapists," is a recapitulation and restatement of comments made throughout the book. An excellent annotated bibliography is diminished in value only by the datedness of some of the citations (over one-half are over 20 years old).

On the whole, I find the book well written, helpful, and interesting. Th emphasis on establishing an empathetic, nonjudgmental alliance is valuabl as are concerns about transference and countertransference (chap. 9). Cas material is clear and well presented, and the encouragment to work with bot teens and their parents is courageous. There are, however, shortcoming Lamb makes a point of emphasizing that girls need to be created very different from boys, yet she rarely points out which of the techniques suggested a particularly relevant for girls. At one point, a quotation from another auth uses a boy as an example and is translated to her female client without comme (p. 107).

In addition, though Lamb gives fine examples from her experience at a juvenile hall, most of her anecdotes concern middle-class clients in long-term individual therapy, and she says little (if anything) about cultural differences that influence treatment options. Even her chapter on work with parents concerns giving advice so that the individual work can progress rather than actively involving the parents in the treatment program. Some limitations are those of orientation. For instance, Lamb often talks about the advantage of hospitalization. There are other schools of thought, however, that believe psychiatric hospitalization is contraindicated except in cases of danger to self or others. Milieu therapists will be disappointed to find that the two chapters about psychiatric hospitalization primarily concern the impact on individual therapy rather than the importance of the milieu itself. It is also increasingly recognized that issues other than depression can lead to suicide (drug use, family history, societal factors). These are not addressed outside the assumption of underlying depression.

This book will be most helpful to a psychodynamically oriented therapist who does long-term individual therapy with adolescent girls. Within that framework, one will find interesting reading and many practical suggestions. Other clinicians, when they keep in mind the shortcomings mentioned above, will also find valuable suggestions and will respond to the author's warmth, sensitivity, and emphasis on caring relationships.

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A Cycle of Outrage: America's Reaction to the Juvenile Delinquent in the 1950's. By James Gilbert. New York: Oxford University Press, 1986. Pp. 258. $19.95 (cloth).

In his first chapter, Gilbert christens his effort an experiment in the social history of an episodic notion. The episodic notion is the belief that society is being destroyed by the corruption of youth. Noting the recurrent nature of this public concern, Gilbert focuses on its emergence and peak in the United States during the 1940s and 1950s, when the corruption of youth took fearful and conspicuous form in what the public believed to be a massive wave of juvenile delinquency. Problematically revisionist analyses of crime statistics suggest that the perceived delinquency crime wave had no statistical basis. In fact, Gilbert notes that a radical increase in youth crime occurred during the 1960s and early 1970s when the public was not overly concerned with the problem of delinquency. Blame for the perceived rise in delinquency was laid by many on the morally corrosive effects of television, comic books, and motion pictures. Gilbert focuses his analysis on motion pictures. As an experiment, his effort is marked by major failures as well as achievements.

One of the book's principal shortcomings is editorial. A disjointed, sometimes rambling first chapter will frustrate researchers who want a concise summary of what Gilbert is trying to do. The postscript is equally uninformative. Chapters 2–12 are, however, tightly written, carefully structured essays, each very useful in its own right. Those who prefer novels that allow the reader to figure out what is going on through the experience of reading may find this aspect refreshing. I would prefer it if the book were packaged as a series of separate essays around the theme of delinquency and the mass media in the 1940s and 1950s.

While Gilbert shows himself capable of summarizing and analyzing the social theory of others, he does not demonstrate that he can generate or contribute to social theory, even with material in hand that would allow him to do so. Social history, at least in this offering, appears to be the precise construction of a narrative of social behavior with no attempt to practice history in an interdisciplinary context. Cultural phenomena are carelessly described without reference to the theories of culture available from anthropology. Institutional disarticulation and conflict are treated without sociological theories of institutions.

Despite these disappointments, Gilbert's abilities as a compiler, organizer, and presenter of historical information make the book rewarding reading for those who study and treat delinquency, and it provides a wealth of factual detail for those who practice social theory. Repeatedly, the text exposes complex patterns in the interaction of the cultural, institutional, and individual levels of human behavior.

Especially noteworthy are descriptions of institutional struggles to secure and maintain proprietary rights to the issue of delinquency. Early struggles between the Justice Department and the Children's Bureau prefaced continuing strains between local and national organizations, followed finally by the legislative triumph of Kefauver's Committee on Delinquency. From the beginning, the Motion Picture Association of America, a major suspect in what Gilbert considers the commonly accepted view of the problem, kept its own institutional grip on the issue with its self-censorship becoming its strongest weapon against external censorship. Gilbert's account of the history of this self-censorship and his overview of the major delinquency movies made by Hollywood during this period provide the basis for the book's most insightful suggestion. The delinquency scare served as midwife to the profitable and powerful youth culture that was to play so vital a part in American life in the 1960s and 1970s. In few instances has the contradictory complicity of youth rebellion and capitalism been more interestingly revealed than in the mutual cooptation that surrounded the consumption of those contrivedly moralistic depictions of troubled youth.

In Gilbert's re-creation of events, academics played a less than heroic role in the delinquency scare. At the beginning of World War II, social scientists predicted a youth crime wave, and the public never abandoned its anticipation of one. In his view, the Frankfurt school's denunciation of mass culture meshed with public's suspicion of the mass media, and the transition of delinquency theory from a structural to a subcultural perspective further evidenced a tacit irresponsibility among academics with respect to the public confusion on the delinquency issue. In this vein, Gilbert's biographical portrait of Fredric Wertham is one of the book's most engaging features. Wertham, a psychiatrist who founded the first mental health facility for Harlem's poor and provided crucial expert testimony on the cultural damage of segregation, nonetheless stood as the single most recognized intellectual proponent of the idea that the mass media caused delinquency. Wertham spent many years campaigning for a national law that would have prohibited the sale of comic books to children under 15. Given Gilbert's critique of social theorists' involvement in the historical events that he describes, his choice to abstain from the practice of social theory may be a conscious one.

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Software Review

The Clinical Assessment System. By Walter W. Hudson. Tallahassee, Fla.: WALMYR Publishing Co. (P.O. Box 3554, Leon Station, Tallahassee, Fla. 32315). $395.00. Hardware Requirements: IBM PC, XT, AT, or compatible computer. Requires 256K RAM. Uses DOS 2.1 or higher. 1987.

This interactive software program provides helping professionals with tools for assessing, monitoring, and evaluating client problems over time. Its many useful features should make this program appealing to both the novice and expert in computer applications.

Eighteen scales for assessing personal and social problems are derived largely from Hudson's *Clinical Measurement Package* (Homewood, Ill.: Dorsey, 1982). Most of the scales have known psychometric properties as described in Hudson's 1982 book. Because there are only 25 items per scale, they can be rapidly completed. The program can be expanded by the addition of an unlimited number of instruments of the practitioner's choice (e.g., scales, questionnaires, and social history forms).

Client scores are reported and saved so that fluctuations over time can be observed. For each scale, diagnostic interpretation is available. At the practitioner's discretion, however, these may be withheld from the client.

The user's manual provides clear instructions for modifying menu selections, adding instruments, and adding the practitioner's own diagnostic interpretations for a tailor-made package.

Any measure may be administered as many as 60 times to each client. The *Clinical Assessment System* is equipped to graph client scores and create single-subject designs with up to 12 phases.

This program is able to handle an unlimited number of clients and virtually eliminates the need for traditional case records. Client data are conveniently stored on disk and are protected through encryption. There is no danger of a client accidentally seeing anything other than assessment instruments and personal progress reports since everything else can be accessed only through the practitioner's password. The practitioner can open, close, change client records, and transfer cases. If a hard-disk system is being used, other programs (such as word processing and data-base management) can be linked to the *Clinical Assessment System* for convenient case management.

I spent a fair amount of time running through routine case assessment and management activities. Although the examination copy of the system (available to anyone interested in purchasing the software) can be used with three clients, there are a few operations not available on this version, such as the ability to change client records. Obviously, this placed some limitations on my review.

Overall, I was pleased with the program's ease of use. User commands and responses are typically one-key strokes (most often a number 1–7 followed by "enter"). At each input, simple instructions of windowed menus pop up, so someone unfamiliar with the program, such as a client, should have no trouble accessing and administering relevant scales. For example, following the title screen, a choice must be made between the client and counselor

branches of the program. Pressing the "ESC" key produces a request for the counselor password; pressing any other key results in an introduction to the client portion of the program. A practitioner with little computer knowledge should also have no difficulty with most program operations. In addition to a master menu and an array of submenus for guidance through the program the user's manual can be called up on screen or printed. (I had problems however, getting the manual printed with the correct page breaks.) For the most part, I found the instructions comprehensive and clearly written. A brie tutorial and updater disks are included to help the new user get started. Where necessary, separate instructions are provided for computers with hard disks

One of the most attractive features for individuals who are comfortable programming software is the capacity to expand the *Clinical Assessment System* by adding instruments, from unidimensional self-anchored scales to complex multidimensional instruments. Furthermore, scores can be automatically ad justed for ease of interpretation. There is little doubt that the program increase practitioner efficiency and accountability. With widespread application, such effects might even be experienced at the agency level.

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Editorial: The Frank R. Breul Memorial Prize

We are pleased to announce that Richard P. Barth and Marianne Berry received the 1988 Frank R. Breul Memorial Prize. Established by the School of Social Service Administration at the University of Chicago, the prize pays tribute to Professor Breul's career as educator, administrator, and editor of *Social Service Review*. The prize is awarded for the best article in a chosen area of social welfare scholarship published in the *Review* during the previous 3 years. The area selected for the 1988 prize was child welfare. Barth and Berry authored "Outcomes of Child Welfare Services under Permanency Planning," which appeared in the March 1987 issue.

Richard P. Barth is associate professor and Marianne Berry is a doctoral candidate at the School of Social Welfare, University of California, Berkeley. Dean Laurence E. Lynn, Jr., announced the prizewinners at a reception following the annual *Social Service Review* lecture.

J. R. S.

The Human Studies and the Life History: The *Social Service Review* Lecture

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Particular problems are posed in the study of lives since the course of life may be less continuous and predictable than sometimes assumed. Further, the most important aspect of developmental study may be the subjectively constructed narrative of development, or life history, which itself changes over personal and historical time Following the interpretive approach pioneered by Dilthey, Weber, Freud, and, more recently, Ricoeur, Taylor, and others, lives may be considered as texts to be studied in a systematic manner. The concept of empathy as formulated within the clinical situation, and applied most recently to study of biography, may also foster understanding of changes over time in the life history.

> What is it then, which, in the contemplation on one's life links the parts into a whole and thus makes it comprehensible? It is the fact that understanding involves, in addition to the general categories of thought, those of value, purpose, and meaning . . . [which] depend on the fact that the connectedness of a life can only be understood through the meaning the individual parts have for understanding the whole . . . meaning is the comprehensive category through which life becomes comprehensible.[1]

Since the Enlightenment, scholarly study of persons has attempted to emulate methods of natural science study. Over the past century, both

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James and Freud attempted to apply natural science methods to the study of lives, seeking to show lawfulness in human behavior similar to that in the natural sciences. While both James and Freud intended their models of psychic functions and mechanisms, based on positive science, as their enduring intellectual contributions,[2] their lasting contributions have been based on study of the experience-near realm, portrayed in James's study of the self and Freud's clinical theory.[3]

Review of contributions to the study of lives founded on a natural science worldview raises questions regarding this scientistic approach in the study of personality processes.[4] Drawing on a range of studies regarding factors such as cohort influences on personality[5] and trait stability over time,[6] Neugarten has observed that search for evidence of continuity in developmental study overshadows the much more interesting question of the determinants of discontinuity and change over time.[7] Consistent with recent study of personal experience of life changes, Gergen and Bandura suggest that much more of what happens to persons is random than has generally been assumed.[8]

Application of aleatoric perspectives and chaos theory to the study of lives suggests that the most important questions in developmental study concern the manner in which, confronted by unpredictable fortune and adversity, persons maintain meanings of their lives, leading to an enhanced sense of personal continuity or narrative coherence.[9] In the first place, the telling of the story of one's life is intrinsically related to present sociohistorical circumstances. Further, teller and listener cannot easily be disentangled in such inquiry. As Habermas has observed, "Every science that admits meaningful expressions as part of its object domain has to cope with the methodological consequences of the participatory role of the interpreter, who does not 'give' meaning to things observed but instead explicates the 'given' meaning of expressions that can be understood only from within processes of communication. These consequences threaten the very context-independence and value neutrality that seem to be necessary conditions for the objectivity of theoretical knowledge."[10] Habermas's critique[11] suggests that inquiry should be redirected from what Anscombe has referred to as "brute facts"[12] to the manner in which persons maintain meanings in their lives and communicate these meanings to others.

Acceptance of this interpretive perspective means not only that portrayal of experience is socially constructed within the framework of intersubjectivity but also that it cannot be understood in any other manner. Taylor and Ricoeur suggest that it is not possible to move beyond subjectivity in the study of lives.[13] As Dilthey and Weber have noted, study of life history is intrinsically the study of meanings that persons impute to their lives in order to maintain a sense of coherence.[14] Collection of "brute facts" is impossible when studying meanings embedded in stories or narratives of the course of life. Taylor observes

that scientific study assumes nonarbitrary verification, includin ontological belief that reality is inherently susceptible to scientif planation.[15] Study of the means by which persons "emplot," or sense of, the stories of their lives cannot be realized through sciei study.

Interpretative Approaches to the Study of Lives

The scientific worldview of both James and Freud reflected the po science of John Stuart Mill and was urged by Comte in sociolog Helmholtz and Mach in psychology.[16] However, recent examin of this scientistic approach in psychology and related discipline questioned its value, at least in the study of person and life cou This reconsideration of the foundation of inquiry in the stu persons and lives has led to the important distinction between sciei and interpretive methods. The "interpretive turn"[18] reflects recogi that lives cannot be studied employing the particular scientific worl on which the so-called social sciences were initially founded.[19]

Persons not only search after order and pattern in the cou their lives, as Lévi-Strauss has noted,[20] but also they strive after mea or "sense," of the life history. Consistent with the increased recogi in the study of history on construal of events, rather than mere their presumed occurrence,[21] study of life changes has increas focused on the nature of these life events in terms of their contrib to a coherent life story. This narrative perspective underlies ma the significant advances in the human studies within disciplines ra from anthropology to psychoanalysis.[22]

The Concept of "Human Studies"

The human studies approach may be traced to Vico's forward-lo critique of empirical science.[23] Following Herder, Fichte, Sche and, particularly, Schliermacher,[24] Dilthey and Weber pionee human studies approach founded on concern with the interpret that persons provide for fundamental personal dilemmas.[25] R resurgence of interest in Dilthey's work has documented the e to which he anticipated present problems encountered in study c life history. While Weber and Dilthey both maintained the impor of trying to attain "objectively" valid findings in the study of pe and society, they also realized that the mechanistic natural sc approach represented by late nineteenth-century science was eq that task.[26] Dilthey introduced the concept of *Geisteswissenschaft* human studies, as contrasted with *Naturwissenschaften*. Dilthey phasized concern with the complexity of constructions of the life that transcended reductionist scientistic objectivity.[27] As Dilthey obs

"We can distinguish the human studies from the sciences by certain, clear characteristics. They are to be found in the attitude of mind . . . which molds the subject matter of the human studies quite differently from that of scientific knowledge. . . . A discipline only belongs to the human studies when we can approach its subject matter through the connection between life, expression and understanding . . . we are justified in describing disciplines as human studies when they endeavor to trace what is creative, valuable, and active in man and the objective mind he has produced."[28]

It should be noted that the very translation of the term "*Geisteswissenschaften*" as "human studies" emphasizes this concern with meaning and interpretation. The very term "science" poses particular problems for the study of lives since it assumes a particular approach to knowledge, modeled on the natural sciences, making use of experimentation, relying on counted data,[29] and the possibility of independence of observation and subject matter. As Habermas shows, this independence is not tenable in the study of meaning and experience.[30] Rickman observes: "To model the human studies entirely on the sciences is, I believe, intellectually misguided, scientifically sterile, and morally dangerous. It is misguided because it ignores or misconstrues familiar cognitive processes, sterile because it does not yield the knowledge we need, and dangerous because it fosters the conception of man as something else in the world which can be manipulated."[31]

The Human Studies, Lived Experience, and "Brute Facts"

History, life history, and case history are of particular significance within the human studies. As Dilthey has observed, we understand ourselves through reflection on lived experience, including shared meanings,[32] while Taylor has argued that intersubjectivity, or shared meanings, are essential as the foundation for all social inquiry.[33] Meaning is constructed within the lived world of experience.[34] Indeed, we are only able to understand each other as a result of such shared meanings, posing a serious problem in resolving the dilemma known as the "hermeneutic circle." As Taylor observes,

> We cannot escape an ultimate appeal to a common understanding of the expressions, of the "language" involved. This is one way of trying to express what has been called the "hermeneutical circle." What we are trying to establish is a certain reading of the text or expressions, and what we appeal to as our grounds for this reading can only be other readings . . . because we are dealing with meaning, with making sense, where expressions only make sense or not in relation to others, the readings of partial expressions depend on those of others and ultimately of the whole.[35]

Hirsch notes the dilemma present in interpretive study, that all we can know is the presently provided interpretation.[36] We appeal to these interpretations as making sense in their own right, without recourse to either rational grounds, based on undeniable logic or empirical validity, based on appeal to external criteria beyond evidence intrinsic to the interpretation.

As a consequence of shared meanings, it is not necessary to rely on sense data of empirical inquiry, so well described by Anscombe as "brute facts."[37] Indeed, the very sense data invoked as brute facts only receives this attribution as a result of already shared meanings that are implicit in these so-called brute facts. In this sense, the hermeneutic circle is inevitable in social inquiry; inquiry in the human studies is inherently the study of meanings attributed on the basis of shared subjectivity. There is no way to escape from this recourse to subjectivity on the basis of appeal to a higher order of fact beyond meanings attributed by experience.

Taylor notes that it is impossible to construct an empirical science of persons without explicit recognition of the experiential foundation of "facts" or evidence, so often assumed to have a status that is real and independent of such lived experience:

> Thus, human behavior seen as action of agents who desire and are moved, who have goals and aspirations, necessarily offers a purchase for descriptions in terms of meaning—what I have called "experiential meaning." The norm of explanation which it posits is one which "makes sense" of the behavior, which shows a coherence of meaning. This "making sense of" is the proffering of an interpretation; and we have seen that what is interpreted meets the conditions of a science of interpretation: first, that we can speak of its sense or coherence; and second, that this sense can be expressed in another form, so that we can speak of the interpretation as giving clearer expression to what is only implicit in the explicandum. This third condition, that this sense be for a subject, is obviously met in this case . . . there is, therefore, some reason to . . . challenge the epistemological orientation which would rule interpretation out of the sciences of man.[38]

Contributions of the Human Studies Approach to the Study of Life History

The human studies approach provides increased understanding of three particular problems related to study of the life course. First, the issue of continuity, assumed in much developmental study, emerges as a major problem to be addressed: continuity is a function of the assumptions and methods included within texts or transcripts conveying particular intentions for persons at a particular time; dynamics of developmental processes inhere in the meanings that persons attach to these processes rather than to particular behaviors. Second, the human studies approach questions a major assumption of scientistic

study of lives, that information may be collected from another, relatively independent of the relationship between interviewer and informant. Meanings are jointly constructed, based on intersubjectivity fashioned out of that intermediate or transitional space so well portrayed first by Winnicott, in his discussion of the transitional object, and later elaborated by Viderman and Green, as well as by both Habermas and Taylor.[39]

Finally, the human studies approach focuses renewed attention to the means by which knowledge of intents becomes possible. As Kohut has noted, understanding of another is a distinctively human attribute, although little is known about how such understanding occurs.[40] Empathic understanding of others sharing a similar culture is required for attainment of knowledge in the human studies. Psychometric procedures, such as inter-rater reliability, beg the question by assuming that which is still to be understood. The question remains regarding those processes fostering concordance among raters.

Psychological Development, Narrative Coherence, and the Foundations of the Self

The fundamental issue posed by the human studies concerns the manner in which persons attribute meanings to a presently experienced past and present and an anticipated future, resulting in a story of the life history that, at any one point, preserves a sense of continuity.[41] Ricoeur has noted that "narrative intelligibility implies something more than the subjective accountability of one's own life-story. It comes to terms with the general condition of acceptability that we apply when we read any story, be it historical or fictional . . . a story has to be 'followable' and, in this sense, 'self-explanatory.' "[42]

Narrative Intelligibility and the Life History

The requirement of a followable narrative of development, or life history, holds across cultures, although the criteria for "followable" may vary. A narrative may differ in significant ways from the cumulative narrative expected in the West, for example, in which the past successively contributes to changed meanings in the present.[43] Further, determination of these meanings changes both across cultures and within cultures over historical periods.[44] Within cultures in which literacy is widespread, the meanings assumed to be embedded in texts also change with sociohistorical circumstances. It is difficult to discuss the significance of events or lives, including written accounts, apart from the particular moment in time at which they are being studied.[45] At the outset of the studies constituting the longitudinal data set known as the Berkeley-Oakland Project, now integrated within the Institute of Human Development at Berkeley,[46] it was assumed that subtle

differences in early childhood socialization would lead to marked differences in personality development over the course of life. However, more recent study suggests that personality development may be more complex than had previously been assumed and that so-called sensitive periods in development may play a lesser role in human development than in nonhuman species.[47] This changed attitude toward the impact of earlier and later experiences on the course of development has affected the manner in which we approach the study of continuity and change across the course of life.[48] Following reconsideration of the place of sensitive periods in human development, there has been reconsideration both of the impact of impoverished early experience on later intellectual and personality development[49] and also personality change beyond childhood.[50]

Weintraub has suggested that concern with autobiography, understood as a coherent life story, is a result of secular changes traced to the Renaissance and the emergence of specific emphasis on a conception of self as an individual.[51] Indeed, this emphasis on a cumulative life story, founded on individuality, with a clearly defined beginning, middle, and end, is unique to the modern West,[52] as shown in works as varied as Enlightenment perspectives, exemplified by Rousseau's emphasis in *Emile* on the fragility of childhood,[53] the genetic point of view in psychoanalysis,[54] the social learning theory of socialization,[55] and contemporary social policy emphasizing day care and head-start programs, viewed as a means for ensuring later educational and occupational attainments resulting from quality care during early childhood.[56]

Within other cultures, narratives of life history may be fashioned around the self as a part of a corporate identity defined, as in Indian culture, over a series of individual lifetimes. This perspective is documented by Rudolph and Rudolph in their discussion of a nineteenth-century high-caste Indian government official, by Kakar in his discussion of modal Indian personality and striving for *moksha*, by Doi in his discussion of the modal Japanese character, and by Geertz in his discussion of lives embedded within Balinese culture.[57] Across all cultures, there is concern with the issue of coherence or consistency in the life narrative or story, reckoned over some period of time, although not necessarily the linear one characteristic of our own culture. Belief in the importance of portraying a story of the life history as a narrative emplotted within a particular culture appears central to continued adjustment; failure to maintain narrative coherence leads to a sense of fragmentation or depletion.[58]

Personal Narrative and Emergence of the Self

From the time of James's comprehensive formulation, study of the self in the West has been concerned with the problem of maintaining

ing of the totality of lived experience, which fosters continued of personal integrity or coherence.[59] Consciousness of the self mately related to the capacity, first noted by James, of making in lived experience sensible through experience reworked over James observes that variation in personal identity reflects con-ant variation in sense of continuum with the past, or "Unity of :iousness," so essential for continued adjustment. James's for-.ion closely resembles more recent considerations of self and ity.[60]

understood within this tradition of clinical and developmental ry, the self emerges through the child's construction of the ex-ıce of care that is initially provided by others, rather than through interaction.[61] Caretaker and child meet "halfway," in the terms ly used by Winnicott in his portrayal of the intermediate or tional space,[62] providing the infant the first opportunity for crea-[63] Stern has suggested in his discussion of "Representations of action [which have been] Generalized," or RIG, that the child's ruction of care obtained from such experiences takes place over periods of time in reasonably predictable relationships.[64]

is emerging sense of self, founded on the capacity for maintaining erent narrative of experience, providing personal continuity even ıfronted by unanticipated life changes, has been similarly portrayed eorists from quite different traditions.[65] Within psychoanalysis, initially referred to this capacity for narrative coherence as an ute of ego strength, using the term "personal myth" to refer to ıpacity to maintain a coherent story of the course of life.[66] This ›pt was later elaborated by Potamianou and by Feinstein within ıodynamic psychology, while Crapanzano has used the term "self cterization" in his psychoanalytically and linguistically informed arative ethnographic and literary study of the capacity for complex ayal of self and other.[67]

thin cognitive psychology, capacity for experiencing a coherent ory is described as "autobiographical memory."[68] The study of ›nal coherence has long been the focus of social psychology, in-ng Goldstein's observations of the importance of the capacity to ıize and represent a coherent life story in his study of brain-ed soldiers, Lecky's discussion of the concept of self-consistency, g and Combs's discussion of the preservation of the "phenomenal and Rogers's discussion "self-actualization" in personality de-›ment and in psychotherapy.[69] Concern with this concept has ıed particular importance in health psychology, particularly as ›sented by Antonovsky's concept of a "sense of coherence" and ›in's discussion of a "unity principle" in personality, as well as in explicitly social psychological discussion, such as Mancuso and n's concept of "self-narrative," Sirgy's discussion of "self-congruity,"

and McAdams's description of the "imago" in the construction of a life story.[70] Consistent with a human studies approach, Kaufman, Moody, and Bruner have showed the importance of studying the manner in which persons create meaning in their lives, emphasizing the reflexive quality of the personal narrative in which the narrator and the central figure of the narration are the same.[71]

Kris was concerned less with the "truth" of this experience of a connected course of life than with the means by which persons maintain a continuing sense of coherence.[72] Portraying the similarity between the manner in which the past is continually rewritten in history and similar efforts in the course of the individual life history, Wyatt noted similarities in the manner in which persons continually rewrite the stories of their own lives in order to maintain a sense of personal consistency over time.[73] Perhaps the most detailed exploration of this issue has been undertaken by Gergen, who emphasizes construction of the personal history as an active process, maintaining a life story based on connections among life events that are necessarily arbitrary and capricious.[74] Gergen and Gergen note that these life narratives differ in the extent to which they are focused on past, present, and future and the extent of control that they appear to exercise over events.[75]

Schafer and Viederman provide support for the position advanced by Wyatt and Schimek that processes of reconstruction of the life history parallel the means by which events are reinterpreted within history.[76] Analyst and analysand create meaning together across the course of the relationship, beginning with the first effort to create an analytic space.[77] Interpretation of the significance of particular transference narratives has an impact on the analysand's experience in other aspects of life in a manner initially described by Strachey using the concept of the "mutative" interpretation.[78] Indeed, all that can be interpreted is the narrative of the history of the analytic relationship itself. Just as more generally in the human studies, that interpretation is most "successful" which most completely accounts for the details of the course of the analysis itself.

From earliest childhood, the child enlarges on this capacity to maintain a sense of coherence and continuity, confronted by the usual disappointments and frustrations of childhood, fostering emergence of a relatively resilient nuclear self. Among those children experiencing inconstancy of care, particularly when the caretaker is detached or withdrawn,[79] the child experiences problems managing emerging sense of personal continuity. Portrayed by Winnicott as false self and by Kohut as fragmentation, this deficit in construction of a sense of self is reflected in increased sense of desperation and need for others as idealized or confirming aspects of self, posing problems later in life in the capacity for maintaining narrative consistency.[80] As a consequence,

persons, unable to preserve sense of narrative continuity, ex-
nce self as fragmented and depleted.
e experience of personal depletion and fragmentation may be
l among cultures and across history, although the particular manner
ich this lack of personal integrity is expressed varies both in
s of the symbolic systems within these cultures and historical times
lso in the points in the expectable course of life. For example,
on portrayed the problems of maintaining narrative coherence
study of Martin Luther, who, as Luther rather than as Martin,
ne the representative of his generation and was subsequently
le to tolerate the admiration of his countrymen. Luther's increased
gs of fragmentation accompanying the collective disobedience
cterizing the Peasants' War of 1524–25 reflect fragmentation
rsonal coherence in a man for whom disobedience had been
ally associated with the story of his own earlier life. At midlife,
ragmentation reappeared in ways similar to that experienced at
me of his ordination.[81] Portrayal of similar fragmentation, within
ferent culture and at a different time period, is found in Cra-
ano's portrayal of Tahumi, a Moroccan informant unable to
tain a narrative of personal coherence over time while confronted
pid social change.[82]

nan Studies, the Interview, and the Problem
ne Text

ond problem highlighted by the human studies approach concerns
neans by which information regarding the life narrative is collected.
ishler has shown,[83] this issue has been little studied, other than
echnical problem posed by the survey approach[84] or as a problem
"experimenter bias" and the means by which the investigator's
nptions and biases might influence the outcome of experiments.[85]
an studies inquiry transforms this concern with the process of
collection" into a twofold concern with both the inevitable impact
e relationship between "investigators" and "informants" and with
gnificance of the change from discourse to text, which takes place
activity between persons is rendered as a transcript. Mishler has
red the contribution of the narrative approach to the study of
view transcripts as jointly constructed discourse.[86] Assuming that
view responses can be regarded in a manner similar to other
tives or stories, it is possible to delineate the meanings implicit
e interview encounter.[87] Systematic approaches, such as those
eered by Labov and his colleagues and Agar and Hobbs, can be
in developing a framework for portraying these meanings.[88]
cus on the study of meanings in context, portraying the coherence
e interview or text, raises once again the problem of the "her-

meneutic circle." Consistent with Dilthey's initial statement of the problem, meaning is a consequence of the effort to understand the elements of the story as embedded in the lived experience contained within the interview narrative.[89] The reader judges among competing interpretations, preferring that which provides the most followable and sensible interpretation presently available.[90] Another reader, at another time, may interpret the text in other ways, perhaps preferring an alternative interpretation as most sensible in terms of the particular sociohistorical context in which this subsequent reading takes place.

The human studies approach represents a new opportunity for rapprochement with interpretive inquiry as traditionally understood in the humanities. As Ricoeur has noted, interpretive methods have most often been applied to written texts.[91] While Hirsch has argued that there is an "original intent" in a text, leading an author to create a text with a particular form, Ricoeur notes that these interpretations are not invariant.[92] Just as more generally in historical study, including that of life history, there are no facts apart from meanings successively attributed to them in changed sociohistorical circumstances; changes over time lead to quite different experiences of the text for subsequent readers.[93] As Habermas, Schafer, and Ricoeur all have emphasized, the text is formed in the context of intersubjectivity.[94] Whether a household survey or a psychoanalytic interview, two or more persons are involved in a continuing effort to construct shared meaning in the manner portrayed by Winnicott in his discussion of the concept of the intermediate or shared space and by both Habermas and Mishler in their considerations of discourse as text.[95]

The nature of this intersubjectivity highlights what at first appears to be the greatest difference between the subject matter of the human studies and humanistic inquiry. The study of intention within the human studies is based on the shared meaning among participants in this relationship, as differentiated from the transcribed text, where it is no longer possible to determine intentions by asking another person.[96] However, consistent with Ricoeur's observations, from the point at which experience is rendered as a text, transcripts of life history and oral history, psychoanalytic interviews, survey research transcripts, and other documents, initially the product of a relationship among two or more persons, assume the same status as any written text. At this point, just as in humanistic inquiry more generally, study of intention shifts from focus on participants in a living situation to that of the reader charged with making sense of these intentions. As Ricoeur has observed: "With written discourse, the author's intention and the meaning of the text cease to coincide. . . . What the text says now matters more than what the author meant to say. . . . Henceforth, only the meaning 'rescues' the meaning."[97]

The text offers a range of competing interpretations; there is a finite range of such interpretations, and some are more convincing than

others, accounting more coherently and comprehensively than others for the text.[98] Ricoeur notes that, "if it is true that there is always more than one way of construing a text, it is not true that all interpretations are equal and may be assimilated to so-called 'rules of thumb.' The text is a limited field of possible constructions . . . it is always possible to argue for or against an interpretation, to confront interpretations, to arbitrate between them, and to seek for an agreement, even if this agreement remains beyond our reach."[99] It need only be added that the range of acceptable interpretations change over time. An interpretation provided of a text at one moment in time will seem simplistic and dated at another.

Empathy and the Process of Knowing Another

The third of the issues regarding inquiry of lives posed by the human studies approach concerns the means by which it is possible to understand the experiential world of the other. Initially portrayed in the human studies as *Verstehen*, or understanding,[100] this approach has been systematically explored within the discipline of psychoanalysis, where it has been studied as empathy.[101] Dilthey's initial discussion of modes of knowing in the human studies has generated much more extensive criticism than the more fundamental human studies critique regarding the use of the scientific method in the social sciences. Study of subjectivity leads to the requirement of empathic understanding, *Verstehen*, which differentiates human studies from the natural sciences.

The concept of empathy is founded on the assumption of a shared construction of reality. At least within our own culture, it may be assumed that we all understand certain features of our world in the same way. What Geertz has portrayed as "local knowledge," or accepted practices of the everyday world, provides the foundation for assuming a common reality.[102] While it may be very difficult to understand the folkways of another culture, as is evident in reading Kakar's description of the course of psychoanalytic treatment of high-caste Hindi analysands,[103] it is possible to assume a shared reality where lived experiences have been sufficiently common.

Discussing the role of understanding in the human studies, H. P. Rickman has defined understanding as "the grasping of some mental content to which an expression points; it is, therefore, the primary cognitive process through which the subject matter of the human studies is given to us; it pervades these disciplines and is indispensable to them; its successful conclusion on the highest possible level is the goal of the human studies. The orientation towards understanding thus characterizes the disciplines concerned with man and distinguishes them from the physical sciences."[104] Understanding of self and others constitutes the means of study in the human sciences that uniquely permits us to understand the experience of self and other taken together

as text. For example, Jones describes a situation in which he consulte with a group of cognitive psychologists who were developing an ele mentary school social studies curriculum.[105] The psychologists ha discovered that the children were unable to profit from the instructior Jones relied on his own resonance with the children's experience reflexively appreciating their responses to curricular materials. On example of these materials was a filmstrip in which an Inuit famil leaves its elderly relatives behind to die when they are unable to kee up with the rapid pace of the seasonal search for food. Based on hi empathic response to the film, and his discussion with the childre following the lesson, Jones reported that he experienced fears simila to those expressed by the children following the filmstrip. Using th understanding, he was able to refocus the children's feelings on th importance of this lesson for their own families. Many of these childre had grandparents in their households or nearby and were unable t confront their feelings about the deaths of their grandparents or th idea that families might not be able to provide care for their younge and older dependent members. Jones's goal was to enhance learnin provided by the curriculum, using his own and the children's experien of that curriculum as a guide in writing additional lessons. Once th personal meaning, or "subjective curriculum," of the filmstrip wa recognized, it became possible to plan more effective means for realizin curricular goals.

Focusing on intersubjectivity in the course of the clinical interview psychoanalysis, including psychoanalytically based ethnography, i unique in relying on empathy as an essential means of understandin Freud pointed the way toward this mode of understanding meanings.[10 However, systematic study of understanding has been the result o Fliess's initial discussion of "tasting" the material of the other, Schafer' discussion of generative empathy, Greenson's review of empathy an psychoanalytic technique and, particularly, Kohut's discussion of em pathy in the clinical psychoanalytic setting.[107] Kohut views empath as a process of vicarious introspection, noting that "we designate phe nomena as mental, psychic, or psychological if our mode of observatio includes introspection and empathy *as an essential constituent.* The term 'essential' in this context expresses (a) the fact that introspection o empathy can never be absent from psychological observation and (b that it may be present alone."[108]

Kohut differentiates empathy from intuition, noting that the latte attribute represents the outcome of processes out of awareness, based on prior experience.[109] Empathy is founded on deliberative reflection regarding shared encounters such as those of the clinical psychoanalyti or psychotherapeutic interview, the ethnographic situation, exemplifie by Crapanzano, or the classroom, as exemplified in Jones's report an Bettelheim's earlier reports.[110]

Kohut's work, together with that of Gill, Klein, and Schafer,[111] was decisive in the emergence of psychoanalysis as the "ideal type" (as defined by Weber)[112] human studies discipline. Gill and Klein differentiated between an experience-distant metapsychology—long believed to be the essence of psychoanalysis but, in actuality, more a reflection of Freud's scientific worldview—and experience-near or empathic study of wishes and intents, founded on close study of the psychoanalytic situation.[113] Consistent with Ricoeur's critique,[114] Schafer has noted that this psychoanalytic situation should be regarded as a text of a life history to be understood in terms of the contributions of each participant.[115]

Parallel approaches to the empathic mode represented by psychoanalysis may be seen in the ethnographic interview situation. However, the task of maintaining an empathic stance may be more complex in the ethnographic interview than in the psychoanalytic interview. The ethnographer must first come to understand the culture of another and must then be able to use this reflexive understanding in empathic study of the life history of the informant.

Posthumous publication of Malinowski's diaries of his fieldwork among the Trobrianders in 1967 and Crapanzano's efforts in the republication of Leenhardt's ethnographic study in Melanesia, later elaborated by Clifford, provided important first evidence regarding this use of reflexive or empathic understanding in study of culture.[116] This issue has been elaborated in Geertz's discussion of his experience of Balinese culture, Read's study of a New Guinea people, Rabinow's discussion of the reflexive method, and Crapanzano's use of his experience of his Moroccan informant as an "outsider" within a culture in which the issue of insider and outsider is particularly important.[117]

The empathic method has also been applied with some success in the study of biography. The problems posed by the use of this approach to the study of a text authored with a different intent are more complex than where lives have been rendered as text in an effort to explicate meanings. The issues of narrative study and authorial intent are also raised by the study of biography. The psychoanalyst George Moraitis and two historian colleagues, Pletsch and Schwehn, have jointly reported n their collaboration in the study of autobiography, using Henry dams's *Education* and Nietzsche's story of his life.[118] Moraitis and chwehn portray their struggle to achieve increased self-understanding. heir work underscored the significance of Adams's *Education* in its ontemporary context, as a text whose meanings are understood in rms of each collaborator's life history and disciplinary orientation.

Consistent with this method of collaborative, multidisciplinary study f psychoanalytic history and life history, Pletsch and Moraitis and ollock attempted a "parallel process" in which meanings jointly conructed in understanding the Nietzsche autobiography provided a

means of reflexively understanding Nietzsche's life.[119] Moraitis and Pletsch have provided separate commentary on their collaboration, providing a unique opportunity for understanding this method of joint construction of texts in which meaning emerges from the "intermediate space" of scholarly, humane collaboration.[120] The resulting narrative was less an effort to reconstruct meanings inherent in the original text being studied than an additional reading of the autobiography based on shared reading. Issues such as rebellion and the relationship of father and son, as explicated in the meanings constructed through collaborative inquiry, and to the texts in which they were involved, permitted each of the collaborators an increased understanding of Nietzsche's work.

Conclusion

This discussion of reflexive study in education, ethnography, and autobiography complements and extends the application of the empathic method in clinical psychoanalysis. Exciting new directions in the application of the human studies perspective may be envisioned in such areas as policy studies and medical ethics. A first effort in the latter area has been reported by Zweibel in her study of problems in the prolongation of life and the living will.[121] Using accounts of concerns with the termination of life support in terminal illness provided by middle-aged offspring and their own aging parents, together with the investigator's own experience of these texts, it has become clear that *the experience of dying differs as a function of place in the course of* life. Older adults, with a very different perspective on the course of life,[122] feel both increased comfort talking about this issue and also conceive of time left to live in ways that differ markedly from that of middle-aged adults.

The human studies perspective provides additional understanding regarding the dynamics of the interview situation, from the clinical psychoanalytic situation to the survey research, as the paradigmatic setting for social inquiry. Focus both on creation of shared meanings and on factors such as breaks in empathy that impede communication enhances understanding of the means by which meanings are jointly constructed among participants in the initial interview situation and in subsequent readings of the interview transcript. Recognition of the difference between interview and transcript as text in no way diminishes the value of transcripts. Successive readings of transcripts will provide additional perspectives beyond those most immediately apparent within the interview situation itself.

Beyond emphasis on the course of life as the search after meaning, including continuing effort to ensure a story of lived experience that is "followable," the human studies perspective is more concerned with

issues of method of study than with any particular theory.[123] At the same time, the interpretive approach is particularly relevant for psychoanalytic inquiry, which is concerned with the issues of management of meanings over time. A major theoretical task confronting the human studies concerns both more effective integration of phenomenological and psychoanalytic perspectives and increased recognition of the role of sociohistorical factors in the present interpretation of the life history.

Even assuming shared cultural constructions, social processes are relevant not only in the construction of the personal narrative but also in the interpretation of this narrative at any point in the course of life, using such texts as memoirs, diaries, or autobiographies, as well as subsequent interpretations of these texts across succeeding generations. Rather than viewing effects of social change as detrimental in understanding "true" meanings, the role of change in the process of altering meanings now becomes the focus of inquiry. Meanings change over time: an important element in human studies inquiry is the study of change itself, as change affects the meanings we maintain of lives as texts, focusing on factors relevant to maintaining a sense of narrative coherence within lives over time.

Notes

This is the twelfth *Social Service Review* lecture delivered at the School of Social Service Administration, the University of Chicago, May 11, 1988 Marvin Zonis, Mark Freeman, Marke Busse, and Jerome Wakefield helped clarify issues presented in this article My introduction to social theory has been facilitated by participating as a staff member in the general education course Social Sciences II ("Self, Culture, and Society") in the College, the University of Chicago. My colleagues, both students and staff, have taught me much. Additional clarification of the issues presented here is a result of discussions with seminar participants in Human Development 351, "Concepts in Developmental Study," 1986 and 1988

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18. P Rabinow and W. Sullivan, "The Interpretive Turn," in *Interpretive Social Science A Reader*, ed. P. Rabinow and W. Sullivan (Berkeley and Los Angeles: University of California Press, 1979), pp. 1–14.

19. Over the past 2 decades, much of the domain here portrayed as human studies has been termed "hermeneutics." R. Palmer, *Hermeneutics* (Evanston, Ill.: Northwestern University Press, 1969) has reviewed the origins of this complex term, most often employed for the process of "deciphering" or explaining some presumed embedded "true" understandings of a formal text and, more recently, extended to the process o

interpreting cultural and social phenomena This term has traditionally been applied to study of language use and meaning in formally constructed texts such as the Bible (Habermas, "Hermeneutics and the Social Sciences" [n. 11 above] and "Interpretive Social Science vs. Hermeneuticism" [n 10 above]). Reviewing the most recent history of the use of this term since its most recent reintroduction (by Habermas, *Knowledge and Human Interests* [n. 11 above]), Habermas emphasizes the relevance of the hermeneutic approach for the study of opaque texts whose revealed meaning is to be appreciated through language use In contrast, as Rabinow and Sullivan have emphasized, interpretive social science seeks to clarify subjective meanings and intents as embedded in particular social and cultural systems. As they observe, "The aim is not to uncover universals or laws but rather to explicate context and world" (p. 13) For this reason, the term "interpretive study" rather than "hermeneutics" is preferred in the present article

20 C Lévi-Strauss, *La pensee sauvage* (The savage mind) (1962; reprint, Chicago: University of Chicago Press, 1966)

21 R G Collingwood, *The Idea of History* (1946, reprint, New York Oxford University Press, 1972); A Danto, *Narration and Knowledge Including Analytic Philosophy of History* (1965, reprint, New York Columbia University Press, 1985), L O Mink, "The Anatomy of Historical Understanding," *History and Theory* 5 (1965) 24–47, "Philosophical Analysis and Historical Understanding," *Review of Metaphysics* 20 (1968) 667–98, "Everyman His or Her Own Annalist," *Critical Inquiry* 7 (1981) 777–92, W B Gallie, *Philosophy and Historical Understanding* (New York: Shocken, 1968), H. White, "The Structure of Historical Narrative," *Clio* 1 (1972) 5–19, "Interpretation in History," in his *Tropics of Discourse Essays in Cultural Criticism* (Baltimore Johns Hopkins University Press, 1972–73), pp 51–80, "The Value of Narrativity in the Representation of Reality," *Critical Inquiry* 7 (1981): 5–29, "Critical Response, III The Narrativization of Real Events," *Critical Inquiry* 7 (1981): 793–89, "The Question of Narrative in Contemporary Historical Theory," in his *The Content of the Form Narrative Discourse and Historical Representation* (Baltimore Johns Hopkins University Press, 1987), pp. 26–58

22. C Geertz, "Person, Time and Conduct in Bali," pp 360–411, and "Deep Play. Notes on the Balinese Cockfight," pp 412–53, both in his *The Interpretation of Cultures* (1966, reprint, New York: Basic, 1973), "From the Native's Point of View," pp 55–73, and "Local Knowledge Fact and Law in Comparative Perspective," pp. 55–73, both in his *Local Knowledge Further Essays in Interpretive Anthropology* (1974; reprint, New York: Basic, 1983); Klein (n. 3 above)

23 G Vico, *The New Science*, trans. and ed. T G. Bergin and M H. Fisch, 3rd ed (1725; reprint, Ithaca, N.Y Cornell University Press, 1968)

24 D F Schleiermacher, *Hermeneutik*, ed H. Kimmerle (1809, reprint, Heidelberg: Carl Winter University Press, 1959), *Hermeneutik und Kritik Mit besonderer Beziehung auf das Neue Testament*, ed F Lucke, in *Sammtliche Werke* (Berlin, Reimer, 1938), first division, chaps 5, 7

25 Dilthey, *Pattern and Meaning in History* (n. 1 above), and *Selected Writings* (n 14 above), M Weber, *The Protestant Ethic and the Spirit of Capitalism* (n 14 above), *Critique of Stamler*, trans. G. Oakes (1907; reprint, New York, Macmillan, 1977), *Economy and Society*, ed G Roth and C Wittich (1909, reprint, Berkeley University of California Press, 1978), 1:3–211.

26 It should be noted that Dilthey was never able to abandon the hope that an empirical social science might emerge out of the human studies approach Weber's approach to the study of social action reveals a similar paradox While he was the foremost exponent of the study of meaning as the basis for understanding action, Weber also believed that, ultimately, this study must move in the direction of empirical analysis. Just as James and Freud were, Dilthey and Weber were as much a part of the generation of scholars influenced by the forward-looking, scientistic agenda of Mill, Comte, and Mach. Looking back on inquiry across the course of more than a century, it is clear that this positive promise has, in general, not been attained. In spite of the problems posed by reliance on scientistic approaches in the human studies, it has been markedly difficult to alter this scientistic worldview applied to social inquiry that has dominated study of social life from the mid-nineteenth century to the present time

27 R Palmer *Hermeneutics* (Evanston, Ill Northwestern University Press, 1969), H P Rickman, *Wilhelm Dilthey. Pioneer of the Human Studies* (Berkeley and Los Angeles

University of California Press, 1979).

28. W. Dilthey, *Selected Writings*, pp. 171, 175–76

29. D Polkinghorne, *Methodology for the Human Sciences: Systems of Inquiry* (Albany State University of New York Press, 1983).

30. Habermas, *Knowledge and Human Interests* (n 11 above) and "Hermeneutics and the Social Sciences" (n. 11 above), and Polkinghorne each maintain that the term "science" may be preserved in describing the study of persons, proposing that such study be termed "human science" because of our willingness to let the question inform methods that are most appropriate. However, the very term "science" seems pretentious when applied to the study of meaning and intent in lives over time and implies the possibility of a shift toward the objective, person-independent means of inquiry in the natural sciences Perhaps the term meaning "studies" would be more accurate, if more awkward

31. H. P. Rickman, *Understanding and the Human Studies* (London· Heinemann Educational, 1967), p. 131

32 Dilthey, *Selected Writings*

33. Taylor (n 13 above)

34 Ibid., A Schutz and T. Luckmann, *The Structures of the Life-World*, trans T Luckmann (Evanston, Ill. Northwestern University Press, 1973).

35 Taylor, p. 28

36 E D Hirsch, *The Aims of Interpretation* (Chicago: University of Chicago Press, 1976).

37 Anscombe (n 12 above)

38. Taylor, pp 38–39.

39 D. W. Winnicott, "Transitional Objects and Transitional Phenomena," *International Journal of Psychoanalysis* 34 (1953): 84–97; S Viderman, *La construction de l'espace analytique* (The construction of the analytic space) (Paris Denoel, 1970), A Green, "Potential Space in Psychoanalysis The Object in the Setting," in his *On Private Madness* (1978, reprint, London Hogarth, Institute for Psychoanalysis, 1986), pp 277–96, J Habermas *Knowledge and Human Interests* (n. 11 above), "Interpretive Social Science vs Hermeneuticism" (n. 10 above), C. Taylor, "Interpretation and the Sciences of Man," "The Person," in *The Category of the Person*, ed M Carrithers, S. Collins, and S Lukes (Cambridge Cambridge University Press, 1985), pp. 257–81

40. H Kohut, "Introspection, Empathy, and Psychoanalysis An Examination of the Relationship between Mode of Observation and Theory," in *The Search for the Self Selected Writings of Heinz Kohut, 1950–1978*, ed P. Ornstein (1959, reprint, New York International Universities Press, 1978), 1.205–32, *The Analysis of the Self. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders*, monograph 1 of the Psychoanalytic Study of the Child Series (New York· International Universities Press, 1971), *The Restoration of the Self* (New York International Universities Press, 1977), *How Does Psychoanalysis Cure?* (Chicago. University of Chicago Press, 1984)

41 H. Kohut, "On the Continuity of the Self and Cultural Selfobjects," in *Self Psychology and the Humanities Reflections on a New Psychoanalytic Approach by Heinz Kohut*, ed. C Strozier (New York Norton, 1981), pp 232–43

42. P Ricoeur, "The Question of Proof in Freud's Psychoanalytic Writings," *Journal of the American Psychoanalytic Association* 25 (1977) 835–72, esp. 869.

43 S Freud, "Three Essays on the Theory of Sexuality," in the *Standard Edition* (1905, reprint, London Hogarth Press, 1923), 7.130–243, K. Abraham, "A Short Study on the Development of the Libido Viewed in the Light of Mental Disorders," in his *Selected Papers on Psychoanalysis* (1924, reprint, New York· Basic, 1953), pp. 418–501. E H Erikson, *Childhood and Society* (1950; reprint, New York Norton, 1963)

44. White, "Interpretation in History" (n. 21 above), and "Critical Response, III The Narrativization of Real Events" (n. 21 above)

45. As Marx, Horkheimer, and Riegel have argued (K. Marx, *The German Ideology*, pt. 1, in *The Marx-Engels Reader*, 2d ed., trans & ed. R Tucker [1845–46, reprint, New York. Norton, 1978], pp 146–200, M. Horkheimer, *The Eclipse of Reason* [New York Seabury, 1974]; and Riegel, *Foundations of Dialectical Psychology* [n 6 above]), at least one such source of changed understanding of narratives is the relationship between persons and the productive process itself.

46 M. Jones, N. Bayley, J. Macfarlane, M Honzik, eds., *The Course of Human Development* New York Wiley, 1971), D Eichorn, J. Clausen, N Haan, M Honzik, P Mussen, *Present and Past in Middle Life* (New York. Academic Press, 1981)

47. J. Kagan, "Perspectives on Continuity," in *Constancy and Change in Human Development*, ed O. G. Brim, Jr., and J Kagan (Cambridge, Mass Harvard University Press, 1980), pp. 26–74, J. Colombo, "The Critical Period Concept Research, Methodology and Theoretical Issues," *Psychological Bulletin* 91 (1982). 260–75

48 Brim and Kagan, eds., R. Emde and R. Harmon, eds, *Continuities and Discontinuities in Development* (New York. Plenum, 1984) Much of the present debate regarding this problem has centered on methods of study employed Some investigators, using factor analysis, claim little personal change across the adult years—based on similarity in varimax solutions of rotated principal components analyses of paper-and-pencil personality inventories completed by middle-aged and older adults (R McCrae and P Costa, *Emerging Lives, Enduring Dispositions · Personality in Adulthood* [Boston Little-Brown Costa & McCrae, 1984])—or they claim some degree of change—based on similar factorial studies of Q-sort ratings derived from interview and personality test protocols (J Block with N Haan, *Lives through Time* [Berkeley, Calif Bancroft, 1971], N Haan and D Day, "Longitudinal Study of Change and Sameness in Personality Development. Adolescence to Later Adulthood," *International Journal of Aging and Human Development* 5 [1974] 11–39) From a human studies perspective, the essential questions in the study of lives over time are missed by such "counted data" approaches.

49 A M Clarke and A D. B. Clarke, eds, *Early Experience Myth and Evidence* (New York Free Press, 1976); M. Rutter, *Maternal Deprivation Reassessed*, 2d ed. (Harmondsworth: Penguin, 1981)

50 Neugarten, "Time, Age, and the Life Cycle" (n 4 above), Galatzer-Levy and Cohler (n 9 above)

51 K Weintraub, "Autobiography and Historical Consciousness," *Critical Inquiry* 1 (1975) 821–48.

52 Palmer (n. 27 above), P. Ricouer, *Time and Narrative*, trans J McLaughlin and D Pellauer (Chicago University of Chicago Press, 1983), vol 1

53 J.-J Rousseau, *Emile, or On Education*, trans A Bloom (1762, reprint, New York Basic, 1979); P. Laslett, *The World We Have Lost England before the Industrial Age*, 2d ed (1965, reprint, New York· Scribners, 1971)

54 S Freud (n 43 above), "Introductory Lectures on Psychoanalysis," in the *Standard Edition* (n 43 above), vols 15, 16 (1916–17, reprint, 1961–63); Erikson (n 43 above)

55 C Hull, *Principles of Behavior* (New York· Appleton-Century Crofts, 1943), N Miller and J Dollard, *Social Learning Theory and Imitation* (New Haven, Conn · Yale University Press, 1941)

56 Within our own society, it is only across the past 2 decades that there has been systematic study of the process by which personal coherence is maintained over time With increased recognition of the extent to which understandings of destiny resides in the sense made of circumstances largely unpredictable and beyond individual control, there has been a shift in concern from study of stability and consistency over time to the means by which persons account for such change and their response to it Weber (*The Protestant Ethic and the Spirit of Capitalism* [n 14 above]) pioneered the ideal type of such inquiry in his study of the personal response to Protestantism, with its shift from certainty to doubt in Election, leading to increased ontological anxiety. Emergence of "this worldly Asceticism" reflected the effort to make sense of a changed experience of the relationship of self and time. From a concept of eternity, the Reformation led to increased concern with the course of a particular life-time Weintraub's discussion (see n 51 above, and K. Weintraub, *The Value of the Individual Self and Circumstance in Autobiography* [Chicago: University of Chicago Press, 1978]) of the emergence of individuality reflects this interest in accounting for an individual life-time, supporting LeGoff's discussion of the origins of valuation on clock-time and calendar (J LeGoff, *Time, Work, and Culture in the Middle Ages*, trans. A Goldhammer [Chicago University of Chicago Press, 1980]), which also provided a means for measuring this worldly accomplishment, so essential for determination of achievement, evaluation of linear activity, including the relentless march of clock and calendar, together they focused concern on a finite individual life-time.

57. S. Rudolph and L. Rudolph, "Rajput Adulthood: Reflections on the Amar Singh Diary," in *Adulthood*, ed. E. Erikson (New York: Norton, 1978), pp. 149–72; S. Kakar, *The Inner World: A Psychoanalytic Study of Childhood and Society in India* (Delhi: Oxford University Press, 1978); T. Doi, *The Anatomy of Dependence* (Tokyo: Kodansha International, 1973); C. Geertz, "Person, Time and Conduct in Bali" (n. 22 above).

58. H. Kohut, *The Analysis of the Self* (n. 40 above), M. Elson, *Self Psychology in Clinical Social Work* (New York: Norton, 1986); B. Cohler and R. Galatzer-Levy, "Self, Meaning and Morale in Later Life," in *Frontiers of Adult Development*, ed. R. Nimeroff and C. Calarusso (New York: Plenum Press, 1989), in press.

59. F. A. Olafson, *The Dialectic of Action* (Chicago: University of Chicago Press, 1980), H. Kohut, "On the Continuity of the Self and Cultural Selfobjects" (n. 41 above), D. Carr, *Time, Narrative, and History* (Bloomington: Indiana University Press, 1986).

60. D. W. Winnicott, "The Theory of the Parent-Infant Relationship," *International Journal of Psychoanalysis* 41 (1960): 585–95, Kohut, *The Analysis of the Self*, and *The Restoration of the Self* (n. 40 above), Klein (n. 3 above), D. Stern, *The Interpersonal World of The Infant: A View from Psychoanalysis and Developmental Psychology* (New York: Basic, 1985).

61. G. H. Mead, "Self," in *Mind, Self and Society*, ed. C. W. Morris (Chicago: University of Chicago Press, 1934), pp. 135–226.

62. Winnicott, "Transitional Objects and Transitional Phenomena" (n. 39 above).

63. Green (n. 39 above); M. Viederman, "The Psychodynamic Life Narrative: Its Implications as a Transference Cure," in *Between Analyst and Patient: New Dimensions in Countertransference and Transference*, ed. H. C. Meyers (Hillsdale, N.J.: Erlbaum/Analytic Press, 1986), pp. 129–48, P. Horton, H. Gewirtz, and M. Kreutter, *The Solace Paradigm: An Eclectic Search for Psychological Immunity* (New York: International Universities Press, 1988).

64. Stern. In those situations that H. Hartmann (*Ego Psychology and the Problem of Adaptation*, trans. D. Rapaport [1939, reprint, New York: International Universities Press, 1958] has portrayed as the "average expectable environment," M. Middlemore (*The Nursing Couple* [London: Hamish-Hamilton Medical Books, 1941]) has described as "the average devoted mother," and Winnicott (D. W. Winnicott, "Ego Distortion in Terms of the True and False Self," in her *The Maturational Process and the Facilitating Environment* [1960, reprint, New York: International Universities Press, 1965], pp. 140–52) has portrayed as "good enough mothering." While there are some times when the young child experiences lack of constancy in caretaking, overall, the child experiences such care as being good enough or satisfying enough to provide an initial sense of solace and comfort in order to foster construction of the capacity for tension regulation and management of temporary incongruity and frustration. The child obtains the skills necessary to provide for ever-increasing complexity in the integration of experience while preserving a sense of personal continuity and identity, in the terms initially described by James (W. James, "The Consciousness of the Self," in *The Principles of Psychology* [New York: Henry Holt, 1890], 1:291–401).

65. Ricouer, *Time and Narrative* (n. 52 above), vol. 1, A. MacIntyre, *After Virtue: A Study in Moral Theory* (Notre Dame, Ind.: University of Notre Dame Press, 1984), Carr.

66. E. Kris, "The Personal Myth. A Problem in Psychoanalytic Technique" *Journal of the American Psychoanalytic Association* 4 (1956): 653–81.

67. A. Potamianou, "The Personal Myth: Points and Counterpoints," *Psychoanalytic Study of the Child* 40 (1985): 285–97; A. D. Feinstein, "Personal Mythology as a Paradigm for a Holistic Public Psychology," *American Journal of Orthopsychiatry* 49 (1979): 198–217, V. Crapanzano, "Self, Desire, and Narrative" in Stigler, Shweder, and Herdt, eds. (n. 8 above).

68. A. Greenwald, "Self and Memory" in *The Psychology of Learning and Motivation*, ed. G. H. Bower (New York: Academic Press, 1981), 15:201–35, D. Rubin, *Autobiographical Memory* (Cambridge: Cambridge University Press, 1986).

69. K. Goldstein, *The Organism* (New York: American Book Co., 1939), P. Lecky, *Self-Consistency: A Theory of Personality* (1945, reprint, New York: Doubleday/Anchor Books, 1969); D. Syngg and A. W. Coombs, *Individual Behavior* (Chicago: University of Chicago Press, 1953); C. Rogers, *Client-centered Psychology: Its Current Practice, Implications, and Theory* (Boston: Houghton-Mifflin, 1951).

70. Anscombe (n. 12 above) A Antonovsky, *Health, Stress, and Coping* (San Francisco. Jossey-Bass, 1979), *Unraveling the Mystery of Health* (San Francisco Jossey-Bass, 1987) , Epstein, "The Unity Principle versus the Reality and Pleasure Principles, *or* the Tale of the Scorpion and the Frog," in *Self-Concept Advances in Theory and Research* ed M. Lynch, K Norem-Hebeisen, and K Gergen (Cambridge, Mass. Ballinger/Harper & Row, 1981), pp 27–37; J Mancuso II and T Sarbin, "The Self-Narrative in the Enactment of Social Roles" in Sarbin Scheibe, eds (n 8 above), pp 233–53; M Sirgy, *Self-Consistency: Toward a Theory of Personality and Cybernetics* (New York Praeger, 1986); D. McAdams, 'Biography, Narrative, and Lives An Introduction," in "Special Issue· Psychobiography and Life Narratives," ed D McAdams and R L Ochberg, *Journal of Personality* 56 1988) 1–18

71. S Kaufman, *The Ageless Self Sources of Meaning in Late Life* (Madison University of Wisconsin Press, 1986); H. Moody, "The Meaning of Life and the Meaning of Old Age," in *What Does It Mean to Grow Old? Reflections from the Humanities*, ed T Cole and , Gadow (Durham, N C. Duke University Press, 1986), pp. 9–40, J. Bruner, *Actual Minds, Possible Worlds* (Cambridge, Mass. Harvard University Press, 1986), "Life as Narrative," *Social Research* 54 (1987) 11–32

72 Kris.

73 F Wyatt, "The Reconstruction of the Individual and the Collective Past," in *The Study of Lives Essays in Honor of Henry Murray*, ed R W White (New York· Atherton, 1963), pp 305–20

74 Gergen (n 8 above), see also B Cohler, "Personal Narrative and Life-Course," n Baltes and Brim, eds (n. 8 above), 4·205–41, M Kohli, "Biography: Account, Text, Method," in *Biography and Society The Life-History Approach in the Social Sciences*, ed D Berteaux (Beverly Hills, Calif Sage Publications, 1981), pp 61–75

75 Gergen and Gergen, "Narratives of the Self" (n 8 above), and "Narrative Form and the Construction of Psychological Science" (n 8 above).

76 R Schafer, "Narration in the Psychoanalytic Dialogue," *Critical Inquiry* 7 (1980) 29–53, *Narrative Actions in Psychoanalysis*, vol 14 of the Heinz Werner Lecture Series Worcester, Mass. Clark University Press, 1981). Viederman (n 63 above), F Wyatt, 'A Psychologist Looks at History," *Journal of Social Issues* 26 (1962) 66–77, "The Reconstruction of the Individual and the Collective Past" (n 73 above), J Schimek, "The Interpretation of the Past Childhood Trauma, Psychical Reality, and Historical Truth," *Journal of the American Psychoanalytic Association* 23 (1975) 845–65, White, "The Value of Narrativity in the Representation of Reality" (n 21 above)

77 Winnicott, "Transitional Objects and Transitional Phenomena" (n 39 above), Green (n 39 above), Viederman

78 J Strachey, "The Nature of Therapeutic Action in Psychoanalysis,' *International Journal of Psychoanalysis* 15 (1934) 127–59

79 R Emde, "The Affective Self Continuities and Transformations from Infancy," 2 38–54, and R Emde and J Source, "The Rewards of Infancy Emotional Availability and Maternal Referencing," 1 17–30, both in *Frontiers of Infancy Psychiatry*, ed J Call, E Galenson, and R Tyson (New York Basic Books, 1983), B Cohler, "Reflections on the Study of Offspring of Parents with Major Psychopathology," in *The Prevention of Mental-Emotional Disabilities*, by the National Mental Health Association (Arlington, Va National Mental Health Association, 1986), pp 89–95, and "Psychoanalysis and Education, III Motive, Meaning and the Self," in *From Motive to Meaning Psychoanalytic Contributions to Education*, ed. K Field, B Cohler, and G Wool (New York International Universities Press), in press

80 Winnicott, "Ego Distortion in Terms of the True and False Self' (n 64 above), Kohut, *The Restoration of the Self* (n 40 above)

81 E H Erikson, *Young Man Luther A Study in Psychoanalysis and History* (New York Norton, 1958)

82 V Crapanzano, *Tuhami Portrait of a Moroccan* (Chicago University of Chicago Press, 1980)

83 E Mishler, *Research Interviewing Context and Narrative* (Cambridge, Mass Harvard University Press, 1986)

84 N. Bradburn and S Sudnow, *Improving Interview Method and Questionnaire Design* (San Francisco· Jossey-Bass, 1979), N Bradburn, L Ripps, and S Shevell, "Answering

Autobiographical Questions: The Impact of Memory and Inference on Surveys," *Science* 236 (April 10, 1987): 157–61.

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86. Mishler.

87. K. Plummer, *Documents of Life: An Introduction to the Problems and Literature of a Humanistic Method* (London: Allen & Unwin, 1983), Mishler.

88. W. Labov and D. Fanshel, *Therapeutic Discourse: Psychotherapy as Conversation* (New York: Academic Press, 1977); W. Labov and J. Waletzky, "Narrative Analysis: Oral Versions of Personal Experience," in *Essays on the Verbal and Visual Arts* (Seattle: University of Washington Press/American Ethnological Society, 1967), pp. 12–44; M. Agar and J. Hobbs, "Interpreting Discourse: Coherence and the Analysis of Ethnographic Interviews" *Discourse Processes* 5 (1982): 1–32.

89. Dilthey, *Selected Writings* (n. 14 above).

90. R. Scholes and R. Kellog, *The Nature of Narrative* (New York: Oxford University Press, 1966)

91. Ricoeur, "The Function of Narrative," in *Paul Ricoeur: Hermeneutics and the Human Sciences*, ed. J. B. Thompson (1979; reprint, Cambridge: Cambridge University Press, 1981), pp. 274–96, and *Time and Narrative*, vol. 1 (n. 52 above).

92 Hirsch (n. 36 above); Ricoeur, "The Model of the Text" (n. 13 above), and "The Question of Proof in Freud's Psychoanalytic Writings" (n. 42 above).

93. Wyatt, "The Reconstruction of the Individual and the Collective Past" (n. 73 above).

94. J. Habermas, *Knowledge and Human Interests* (n. 11 above); R. Schafer, "Narration in the Psychoanalytic Dialogue" (n. 76 above), and *Narrative Actions in Psychoanalysis* (n. 76 above), Ricoeur, "The Function of Narrative," and *Time and Narrative*, vol. 1

95. Winnicott, "Transitional Objects and Transitional Phenomena" (n. 39 above), Habermas, "Interpretive Social Science vs. Hermeneuticism" (n. 10 above), Mishler (n. 83 above).

96 Ricoeur, "The Model of the Text: Meaningful Action Considered as a Text," and *Time and Narrative*, vol. 1.

97. Ricoeur, "The Model of the Text: Meaningful Action Considered as a Text," p. 534.

98. Hirsch

99 Ricoeur, "The Model of the Text."

100 Dilthey, *Selected Writings* (n. 14 above); Weber, *The Protestant Ethic and the Spirit of Capitalism* (n. 14 above).

101 W. Fliess, "The Metapsychology of the Analyst," *Psychoanalytic Quarterly* 11 (1942): 211–27, R. Schafer, "Generative Empathy in the Treatment Situation," *Psychoanalytic Quarterly* 28 (1959): 347–73; Kohut, "Introspection, Empathy, and Psychoanalysis" (n. 40 above).

102 C. Geertz, "From the Native's Point of View" (n. 22 above)

103. S. Kakar, *Shamans, Mystic and Doctors: A Psychological Inquiry into India and Its Healing Traditions* (New York: Knopf, 1982).

104. Rickman, *Understanding and the Human Studies* (n. 31 above), p. 31.

105 R. Jones, *Fantasy and Feeling in Education* (New York: New York University Press, 1968)

106 Freud, "Remembering, Repeating, and Working Through: Further Recommendations on the Technique of Analysis. II," in the *Standard Edition* (n. 43 above) (1914; reprint 1958), 12:147–56.

107. W. Fliess, "The Metapsychology of the Analyst", Schafer, "Generative Empathy in the Treatment Situation"; R. Greenson, "Empathy and Its Vicissitudes," *International Journal of Psychoanalysis* 41 (1960): 418–24, *The Technique and Practice of Psychoanalysis* (New York: International Universities Press, 1967); H. Kohut, "Introspection, Empathy, and Psychoanalysis," "Introspection, Empathy, and the Semi-circle of Mental Health," *International Journal of Psychoanalysis* 63 (1982): 395–407, and *How Does Psychoanalysis Cure?* (n. 40 above).

108 Kohut, "Introspection, Empathy, and Psychoanalysis," p. 209

109. M. Elson, *The Kohut Seminars On Self Psychology and Psychotherapy with Adolescents and Young Adults* (New York: Norton, 1987), p 275

110. Crapanzano, *Tuhami· Portrait of a Moroccan* (n 82 above), Jones; B Bettelheim, *Love Is Not Enough* (New York: Free Press/Macmillan, 1950), *Truants from Life* (New York: Free Press/Macmillan, 1955).

111. Gill (n 3 above), Klein (n 3 above), Schafer, *Narrative Actions in Psychoanalysis* (n 74 above).

112 Weber, *The Protestant Ethic and the Spirit of Capitalism* (n. 14 above)

113. Gill and Klein.

114. Ricoeur, "The Question of Proof in Freud's Psychoanalytic Writings" (n 42 above)

115. Ibid.; Schafer, *Narrative Actions in Psychoanalysis* The continuing psychoanalytic situation provides opportunities for inquiry regarding meanings no longer possible when the situation has been rendered as a transcript, when what is recorded in either instance is modal history, not of some presumed past (Freud, "From the History of an Infantile Neurosis," in the *Standard Edition* [1914–18; reprint, 1955], pp 7–122) but of the relationship itself, over some period of time, as experienced vicariously in the person of the analyst empathically able to experience and bear the analysand's suffering as a consequence first of a personal analysis and, later, the continuing self-analysis facilitated by the personal analysis.

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Social Work and Psychotropic Drug Treatments

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This article reviews the recent history of somatic treatment of mental illness and discusses possible roles for social workers in the prescription of psychotropic drugs. Social work has neglected drug treatments partly because of the way social workers of an earlier era resolved doubts about the immediate predecessor of drugs, shock treatment. Today, the prevalence and misdiagnosis of treatment-induced adverse effects, the unique perspective of social work, the blurring of functions, and the interprofessional competition in mental health—as well as the goal of enhancing our clients' welfare—have removed practical and scientific obstacles to social work's serious and autonomous study of psychotropic drug treatments.

Introduction

In the early 1950s, a few obscure chemicals tested in the back wards of mental hospitals ushered in the modern era of psychotropic drug treatments for mental disorders. Today, medication with antipsychotic drugs has become the principal form of treatment used in mental hospitals, nursing homes, institutions for the retarded, and board and care homes that house the mentally ill. After the antipsychotics came lithium, the antidepressants, and the minor tranquilizers. Each year more than one-fifth of noninstitutionalized adults receive prescriptions for psychotropic drugs.[1]

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Though it offered unprecedented therapeutic power, the rise of the pharmacological era in psychiatry also unleashed a wave of treatment-induced illnesses and their sociolegal consequences. All antipsychotic drugs, considered indispensable for the management of psychotic behavior, have the potential to induce extrapyramidal symptoms, including tardive dyskinesia (TD), an often persistent neurological disorder manifested by continuous abnormal involuntary movements of the face, trunk, or extremities, afflicting one-fifth of chronic psychiatric patients.[2] During this last decade, the increasing prevalence of TD and other drug-induced disorders has brought with it threats of an impending crisis in TD-related litigation,[3] dilemmas accompanying the gradual entrenchment of a right to refuse drug treatment,[1] calls for regulation to modify physician-prescribing practices,[5] as well as increasingly frequent statements that the efficacy of antipsychotics has been exaggerated.[6]

In this era of "new biologism," mental health research, training, and practice emphasize the importance of biology to understand, and biological manipulations to change, human behavior. The emphasis on biology, however, has not hindered the growth of social work. The scope and depth of social work's involvement in this field has been such that nearly 40 percent of the membership of the National Association of Social Workers now practice in mental health settings.[7] Furthermore, clinical social workers outnumber psychiatrists by 22,000, clinical psychologists by 27,000, and marriage and family counselors by 32,000.[8]

In practice settings, these social workers are closely exposed to both therapeutic and toxic effects on clients of all psychotropic drugs. Intimate knowledge of clients and recognition of clients' ties to family and other social systems might have disposed social workers to study the place of psychotropics in the management of troubled or disturbing persons. However, researchers and practitioners have yet to address most questions raised by the prescription of psychotropic drugs. For example, between 1980 and 1985, seven major social work periodicals published only six articles on the subject of prescription psychotropic drugs and social work practice, out of a total of 1,891 articles (0.3%).[9]

More to the point, this scanty social work literature on psychopharmacology merely touches on issues that we might expect social workers to confront: the social and psychological significance of drug use and drug prescribing and the effects of drugs on clients' health status, cognitive and problem-solving abilities, and social situations. In particular, authors pay little attention to the topic of tardive dyskinesia and other adverse neurological effects of antipsychotics, surely the most perplexing problem in the field of mental health.[10] For example, in a recent social work textbook, a chapter on the biological bases of psychopathology discusses the central nervous system and its neuro-

transmitters for 15 pages but covers the entire topic of adverse drug effects on the brain in *one line.*[11]

This is not the first time that psychiatric social work has encountered a widely used somatic psychiatric treatment. From 1933 to 1955, the era of shock treatment in American psychiatry, the few social workers employed in state hospitals witnessed the large-scale administration of shock treatments. Their ambivalence about these treatments, and the ways in which psychodynamic rhetoric helped reduce their worries that these treatments were harmful to patients, are well reflected in a dozen or so papers published in the social work literature of the period. Circumstances have changed enormously since then, but the reactions of these social workers provide clues to understanding current social work approaches to antipsychotic drugs. Drug treatments, we should remember, were entirely developed in environments that justified a variety of physically damaging interventions to compel patients to conform to institutional life. In 1954, the first investigators of chlorpromazine on this continent observed how "many of us have in recent years lost sight of our essential task of understanding our patients, as we subject them to a sequence of comas, shocks, convulsions, confusion and amnesia."[12] The new drugs produced subduing effects on patients superior to previous treatments, without the immediately visible disruptions that typified other treatments. Once shock was accepted as a necessary treatment for serious mental illness, antipsychotic drugs could only represent an enormous improvement.

Today, one-fifth of adult Americans are said to have a "diagnosable mental disorder." To serve these potential mental health consumers a vast mental health industry employs hundreds of thousands and generates a $20 billion infrastructure.[13] Coupled with a shrinking public mental health budget and a relative decline in the number of psychiatrists, this situation will exacerbate interprofessional rivalries and lead several health care professions to seek societal sanction to dispense mind- and mood-altering drugs. Members of the American Psychological Association are already lobbying to obtain limited prescription privileges.[14] Furthermore, although no single school of thought clearly dominates the field of psychopathology, there are obvious tendencies today to interpret more deviant behaviors as manifestations of as-yet-undiscovered subtle brain disorders, which only contributes to the legitimacy of pervasive psychotropic drug use.[15]

It is thus not surprising that two researchers were recently led to ask, "Is it necessary for workers to acquire, either through graduate studies or through other means, the kind of knowledge that would be necessary for the development of a unique social work approach in this area?"[16] This article answers the question in the affirmative. It is not only necessary but imperative as well that social workers develop their own scientific and clinical approach to psychotropic drug treat-

The issue of prescription privileges for social workers is one
ent example. At present, the management of psychotropic med-
s by social workers is illegal and beyond the scope of their
g. Yet these privileges (and, perhaps later, hospital admission
ges) may be sought for several reasons: savings to consumers,
care efficiency, professional esteem, and growing evidence for
body interactions. These privileges may be opposed for several
reasons: strangeness to the nature of social work, overreliance
igs at the expense of other helping interventions, time needed
pplemental training, and increased malpractice rates.[17] The stance
article concerning prescription privileges is that prescribing or
raging the use of drugs in another human being immediately
issues of authority and coercion which often vitiate—for patients,
es, and professionals—the value of temporarily feeling better.
issues have created many complex legal problems for psychiatry
hould be carefully considered by social workers.
vever, I believe that social workers possess special qualifications
sted practice models and skills to assess firsthand the major
nporary somatic psychiatric treatments and to make substantial
butions to our knowledge of their effects. Furthermore, research
actice in psychiatric social work must continue to demonstrate
ctual and potential uses by addressing salient practical problems.
evention of adverse effects must become the single most important
n contemporary drug treatment, which is to say, in contemporary
atry.[18] Wise, noting that 3 to 5 percent of all hospital admissions
United States are directly related to adverse drug reactions, also
itly encourages social workers to help decrease the prevalence
ogenic disorders by increasing workers' knowledge of drug ef-
[19] The immediate beneficiaries of social work's increased involve-
n this area would be clients, but by actively and creatively tackling
ew addition to the knowledge base of the profession, the ability
earchers and practitioners to act responsibly and autonomously
field of mental health would be greatly enhanced.

l Workers and Shock Treatments

en 1903 and 1940, the number of patients in state hospitals
sed threefold, from 150,000 to 445,000, of which 40 percent
iged or physically ill persons afflicted with chronic degenerative
es.[20] As Deutsch[21] and others have documented, treatment wards
e hospitals were long corridors holding a hundred or more
s who, day after day, had nothing to do but sit while an attendant
guard and intervened in serious physical conflicts. Violence was
onplace, privacy was nonexistent, occupational or recreational
tunities were rare, sanitary conditions were deplorable. Doctors

only appeared to check for trouble or administer treatments. The imposition of control and order was the overriding concern of the administrators.[22] In the emerging world of scientific medicine, institutional psychiatry appeared to be a remnant of a premodern age.

In 1913, with the discovery of syphilis bacteria in the brains of deceased paretics, general paresis was established as the archetypal disease form of mental illness. This advance reinforced the belief that insanity was an "organic" rather than a "functional" impairment, and that without prompt and radical treatment most patients would simply deteriorate mentally and physically.[23] The organic and functional schools in psychiatry engaged in ongoing jurisdictional disputes over the global responsibility of treating the mentally ill, and few believed that these patients were amenable to treatment by new psychoanalytic methods.[24] Even if they were, the intensive nature of psychotherapy made it impractical for treating the large number of state hospital residents.[25]

In this theoretical and therapeutic context, almost anything was tried. Thyroidectomies, ovariectomies, castration, barbiturate-induced comatose sleep, carbon dioxide inhalation, even injection of horse blood by lumbar punctures—few somatic treatments were too radical to be rejected out of hand.[26] The great breakthrough in the organic treatment of insanity and in the management of unruly patients, however, seemed to have arrived in the 1930s with the introduction of four methods that influenced the brain more directly: three modes of shock (insulin, metrazol, electric) and one surgical procedure (frontal lobotomy). The events surrounding their invention, experimentation, widespread use, and eventual decline[27] are recounted in detail by Frank, Grob, Kucharsky, Szasz, Valenstein, and others. The ultimate medical approval of shock treatments came in 1949, when the man who had invented lobotomy received the Nobel Prize. Estimates of the number of lobotomies performed in the United States range from about 20,000 before 1949 to 55,000 before 1955.[28] Most sources agree that at least one-third of all hospitalized patients in the United States between 1940 and 1952 were subjected either to insulin shock or electric shock treatments.[29]

Shock treatment has an atypical history of significant misuse and stands practically alone among medical interventions in that misuse was not related to the goal of curing but of controlling the patients for the benefit of hospital staff. As Rothman has documented, the annual reports of state hospitals through the early 1950s are replete with candid statements about the uses of electric shock for purposes of control, not therapy.[30]

At the height of shock treatment use in American psychiatry, the mid-1940s, no more than 500 social workers were employed in settings where these treatments were administered regularly.[31] Not surprisingly, workers regarded the mental hospital field as a discouraging one, not

only because of its obvious deficits. Hospital social work meant working in isolated communities at lower salaries, with discouragingly heavy caseloads, and in settings where concepts of dynamic psychiatry were decidedly unpopular. The opportunities facing social workers in the mental hygiene movement of the 1920s and 1930s were far more exciting, and by 1948, Ginsburg could mention that it was "no longer necessary to recount how psychiatric social workers found less and less to challenge them in state hospitals," finding their way instead to child guidance clinics and myriad subsequent opportunities.[32]

Those who did work in the mental hospital focused their energies on the taking of life histories, casework with relatives, and provision of after-care services, tasks at which they became indispensable. Social workers had nothing to say or advise about treatment, nor was there (yet) any reason to think they might. Expressing a traditional stance of social work—that social workers do not treat mental illness but deal with its consequences—Adams wrote that "traditionally, and rightly so, assistance to psychotic patients which is related to their treatment has been the province of medicine, particularly of psychiatry."[33] Arguably, this stance was inevitable when social workers, embracing the psychiatric perspective on madness, first ventured inside the insane asylum and encountered the effects of psychosis and institutionalization. The difficult task for the social worker was to repair or establish bridges between the patient and his or her community, not to encroach on the province of medical specialists. The only possible "social work approach" to shock treatment was to accept it as a medical given. Perhaps this explains why in three comprehensive manuals on the practice of social work in psychiatric hospitals published between 1942 and 1955, not a single mention is made of hospital psychiatric treatments.[34]

Nonetheless, a few revealing articles in social work journals about shock treatments show that workers considered and debated the implications of these treatments as they witnessed their effects on institutionalized clients. As one author commented in 1945, "It does seem that social workers have experienced an unusual degree of conflict over the use of shock methods."[35] Workers were unable to ignore what patients communicated about shock treatment—their fear of it. The production of dread and panic in the patient during and after electric and insulin shock was often noted by medical advocates of the treatments,[36] every article on shock by social workers mentions it, and one even makes it the subject of an empirical study.[37] Every article also refers to the "doubts," the "conflicts," the "ambivalence," or the "concerns" of individual social workers who witnessed the administration of shock or dealt with the fears of patients and families.

The pages of the American Association of Psychiatric Social Workers' (AAPSW) *News-Letter* illustrate how some social workers diminished

their doubts. In 1944, for example, the New York branch of the AAPSW convened a panel of six psychiatrists to answer the following question "Shock therapy? Is it useful? Is it safe? What do you tell the anxious parent who is afraid to consent to the new methods of psychiatr treatment?"[38] As the discussion raised more questions than it answered one of the panelists, the prominent psychoanalyst Paul Federn, published in the *News-Letter* the following year an article entitled "The Psychiatr Social Worker's Concern with Shock Treatment." Though he acknowledged the "unworthiness" of a "method by which an ill person knocked out of consciousness and becomes convulsive," Federn reca the situation of the fearful psychiatric inmate awaiting and undergoir shock treatment as a psychoanalytic family drama, suggesting th during shock treatment, the psychiatric social worker and the nurse "psychological task is that of the mother, longed for by every huma being in his last distress. In schizophrenia and shock treatment th mother is not replaced but offered to the patient for the first time. . Therefore, the decisive step from routine to individual treatment based on the child-mother relation of the patient to the feminir helper: the positive transference to the father psychiatrist is, of cours also important."[39]

Social workers themselves articulated their own views in languag drawn from the stream of psychodynamic ideas sweeping the fiel during this period. Levinrew described the patient's memory loss an disorientation following shock as "the experience of being reborn. H rapidly relives the normal libidinal development of the newborn child." Cahoon believed lobotomy prevented "emotional energy" from coı trolling the mind.[41] Hotchkiss et al. wrote that "the patient's fear (treatment is believed to be of therapeutic value" and suggested usir "the transference achieved in this relationship" to encourage the patieı to get well.[42] Finally, Ryerson told how "a young adult patient froı the time of her admission expressed resistance to hospitalization, aı tagonism toward the doctor who 'forced' shock treatment upon her. . The worker, recognizing the basic homosexual conflict, maintaine the relationship within careful bounds."[43] But that is not all. Tw articles on casework and its relation to lobotomy went as far as to urg workers to believe that their own "preliminary investigations and pos operative services" would "largely determine" the maintenance of in provement following the surgery.[44]

In retrospect, these reactions are all too understandable. Wherea today similar concerns might be channeled outward into a social woı stance such as advocacy, they were then directed inward, focused o the one activity where the social worker retained some measure (control: the client-worker relationship. Social workers possessed n viable autonomy within the institutional hierarchy of the state hospit and no accepted body of knowledge to shed light on insanity. Emergin

psychiatry more sharply defined its boundaries and seeking enhanced ofessional standing, these workers took perhaps the only avenue ıen to them: they did what society required them to do. At the same ne, they embraced an appealing psychodynamic rhetoric that allowed em to assuage their doubts and express their authentic desire to ·lp.

It is unclear how this stance would have evolved if shock had long mained the principal form of hospital psychiatric treatment. We do ıow that the broadening of professional opportunities during and ter World War II reinforced even more the tendency to overlook stitutionalized patients. As Grob put it, "Psychiatric social work, disıimers to the contrary, all but ignored the character of the instituınalized mentally ill,"[45] 40 percent of whom were chronic cases. This oup of patients, however, not the new target populations outside e mental hospitals, remained psychiatry's thorniest problem. By failing comprehend that the purpose of shock treatment in state mental ıspitals was to ensure conformity and docility among inmates, social ırkers set the stage for the profession's reaction to the next revolution somatic psychiatric treatment, the advent of modern psychotropic ugs.

rug Treatments and Deinstitutionalization

mere 8 months after chlorpromazine (Thorazine) was introduced the United States, 2 million patients had been treated with the ug.[46] Psychopharmacological agents, however, like shock methods, ere introduced, tested, and proven on the inmates of overcrowded, aotic mental institutions. It is usually overlooked that the drug revution occurred there, not in the community, and the changes drugs ought to the management of institutionalized mental patients were e key to drugs' success outside the institution. A quotation from a 56 report on the introduction of reserpine in chronic wards of ılifornia's Modesto State Hospital conveys the magnitude of the ange: "Prior to this study . . . owing to the raucous, hyperactive, mbative, sarcastic, resistive, uncooperative patients, the ward was in constant turmoil. . . . Patients have undergone a metamorphosis from ging, combative, unsociable persons to cooperative, cheerful, sociable, latively quiet persons."[47]

The major tranquilizers completely and irrevocably changed the mosphere of the psychiatric ward, and at the end of an era of intutional solutions to social problems, they were used as shock treatents were used, to strengthen the internal order of the hospital.[48] s we have seen, extremely few social workers were involved in these velopments. On the contrary, the community mental health movement ptured the attention and energy of social workers, as the mental

hygiene movement had done 30 years earlier. Community mental health immensely broadened opportunities for social workers, but this second shift away from the institution was not based on pessimism about "incurable" cases, but optimism about the possibilities of social integration through active community care.

Community mental health advocates, though often inspired by sociological and anthropological approaches to etiology and treatment of mental disorders, made few attempts to stem the use of drug treatments. Studies showed the effectiveness of outpatient drug treatment over hospitalization, implicitly supporting community-based approaches.[49] When chlopromazine was introduced to North American patients, mental hospitals were bulging with half a million inmates, compared to 120,000 today. Drugs came quickly to be seen as primarily responsible for emptying mental institutions, and the widespread activism of the 1960s that fueled several community mental health initiatives did not really threaten their use. As Brown remarked, "Community psychiatry itself was predicated on biochemical methods in that psychoactive drugs have been considered a chief means of deinstitutionalization and community treatment."[50] Precisely how drugs ushered in ideas about—and how they operationalized—deinstitutionalization remains debated, but it was clear that the new drugs were welcomed by practically everyone, and their impact was enormous.

Still, despite the general enthusiasm about chlorpromazine and similar drugs, as usual, one group of persons was not entirely satisfied: the patients. Today, we know that antipsychotics are neurotoxic agents that cause highly unpleasant effects on metabolism, cognition, and behavior; that these effects are the major reasons for noncompliance; and that noncompliance constitutes the major problem in the pharmacologic treatment of schizophrenia.[51] When drugs were introduced, however, they not only replaced shocks and convulsions but solved the state hospital management problem as no treatment had ever done. They created docile inmates able to respond to simple commands but relatively unable to initiate spontaneous conduct. Psychiatrists could not but welcome this remarkable improvement in patient control and, for nearly 15 years, accepted drug-induced neurological dysfunctions as integral effects of the therapeutic action.

Three short years after the introduction of chlorpromazine, Szasz warned of a special danger in using antipsychotics. He noted that when patients were restrained by the use of force (e.g., by a straitjacket) it was difficult for their caretakers to convince themselves that they were acting altogether on behalf of the patients. "The use of drugs," he claimed, "removes the safeguards inherent in the guilt feelings of the therapist. Restraint by chemical means does not make us feel guilty; herein lies the danger to the patient."[52] One of the earliest articles about the major tranquilizers in a social work journal illustrates

z's contention. Like her colleagues of a decade earlier, the author ved that she could empathize with her patients' complaints, but, d with the simple ingestion of a pill rather than electrically induced 'ulsions, she resists even less than her predecessors the urge to hoanalyze their avoidances: "One interesting and rather baffling ct of treatment with tranquilizing drugs is the resistance some ents display toward taking their medication. They hide it under pillows, spit it out when unobserved, beg to have it discontinued. y argue that it makes them feel sleepy, feel sick, gain weight. . . . y don't like it, don't need it, and at the very least the dosage should reatly reduced. . . . Their fantasies and delusions about eating or ig medicine have to do with being poisoned, pregnancy by ingestion, other ideas related to oral conflicts."[53]

ich ideas help to explain the history of tardive dyskinesia, illustrating the discovery of illness is a sociomedical matter rather than merely omedical one.[54] Tardive dyskinesia was first described in 1957. In l, Ayd, an early investigator of drug treatments, reviewed 3,755 nts treated with antipsychotics and noted that 1,472, or 39 percent, developed adverse reactions including akathisia, parkinsonism, dyskinesia. By 1968, overwhelming evidence showed TD to be a mon effect of the drugs, yet it was only in 1973 that pharmaceutical panies began to include warnings about TD and other adverse ts in package inserts, and only in 1980 that the American Psychiatric ciation (APA) issued its first official report on TD. In 1985, 32 s after the introduction of chlorpromazine, the APA launched an ational campaign about TD, sending its 31,000 members a statement marizing information about the disorder and urging "prudent" of antipsychotics.[55]

: Pharmacological Era in Mental Health

ty years into the pharmacological era of psychiatry, drugs are loyed for relief from the effects of human misfortune, and genetic-hemical, not psychoanalytic, theories about human misfortune ure the imagination of scientists, the lay and educated public, lators, and the media.[56] In this decade, antipsychotics are used early all hospitalized schizophrenic patients, 75 percent of adult ered care residents, 55 percent of chronic psychiatric outpatients, ercent of nursing home residents, and 35 percent of residents of tutions for the mentally retarded. Estimates of the number of ly users range from 4 million to 8 million, with nearly a million users per year.[57]

ntipsychotics calm agitated or aggressive persons, control labile t, and have sedative properties. They are indicated for people nosed with DSM-III schizophrenic disorders, affective disorders

with psychotic symptoms, paranoid psychosis, brief reactive psychosis, and certain organic brain syndromes.[58] They are undeniably potent in suppressing the symptoms of acute psychosis, and psychiatric opinion views it as "irresponsible" not to use them in these cases.[59] They seem to moderate the withdrawal of the catatonic patient as dramatically as they calm the excited patient. This impressive effect led psychiatrists to assume that they act on the "core" of psychosis, that they are "true" antipsychotic agents. When it was observed that their clinical potency correlated with their ability to bind to dopamine receptors in the brain, and thus inhibit the transmission of nerve impulses made possible by dopamine, the dopamine hypothesis was born. The suggestion that schizophrenia might be caused by relatively excessive activity of dopamine neuronal systems launched the modern neuroscientific approach to schizophrenia.

Long-term use of these drugs (generally defined as longer than 6 to 12 months) does not suppress symptoms as successfully as short-term use. A review of controlled studies revealed that after 2 years, 48 percent of drug-treated patients and 80 percent of placebo-treated patients relapsed, giving a 32 percent net drug effect.[60] Already a decade ago, Lehmann, who introduced chlorpromazine to North America and remains an active advocate of drug treatments, stated that "possibly 50 percent of schizophrenic patients on maintenance treatment do not need to take their medication and would not relapse without it."[61] Hollister, the preeminent expert on clinical psychopharmacology in the United States, recently summed up 25 years of progress in the field: "The present large array of antipsychotic drugs have [sic] many deficiencies: they are not curative; their ameliorative effects are often limited; many patients remain totally unresponsive; they are unpleasant to take, so that many patients are less than fully compliant; and they produce major side effects, such as tardive dyskinesia and tardive psychosis, the full implications of which are still uncertain."[62]

Whereas antipsychotic drug treatment once focused on how best to reduce psychotic symptoms, now adverse reactions, especially their definition, prevention, and treatment, prominently occupy center stage.[63] Medical practitioners who prescribe antipsychotics know that one-fifth of those taking these drugs for more than a year will develop mild to severe symptoms of TD, a commonly persistent neurological disorder for which there is no known cure.[64] Forty percent of all who take neuroleptics even for a few days will suffer adverse reactions such as akinesia, akathisia, and parkinsonism.[65]

These symptoms cause misery, often go undiagnosed, and can interfere with rehabilitation.[66] Akinesia is a behavioral state of diminished motoric and psychic spontaneity that is "notoriously difficult to differentiate [from] schizophrenic apathy and blunting."[67] The patient with akinesia, according to Van Putten and Marder, "talks less of

psychotic material, but he talks less of everything else; he is less bothered by his hallucinations, but he is less bothered by everything else as well; he is less invested in his delusions, but he is less invested in everything else as well. Many patients with akinesia experience a particular absence of emotions, appear emotionally dead, and often state that everything is all right. This type of improvement is one we should not be proud of."[68]

On the contrary, the subjectively experienced restlessness of akathisia is accompanied by telltale foot movements: rocking from foot to foot while walking or standing on the spot. According to the same authors, akathisia causes "simply, anguish." It is associated with depression and has even been linked to suicidal and homicidal behavior in some cases. "The distinction between akathisia and psychotic symptoms may be impossible."[69] There is also the rarer but explosive "neuroleptic malignant syndrome," characterized by hyperpyrexia, extreme rigidity, high fever, and coma. According to a recent study, "Even a conservative estimate would place the annual prevalence of neuroleptic malignant syndrome in the United States in the thousands of cases," of which one-fifth are fatal.[70] The neurological effects of neuroleptics are so pervasive and varied that previously undescribed adverse reactions are regularly reported in the literature: "respiratory dyskinesia," "tardive dysmentia," "tardive akathisia," and "supersensitivity psychosis." Crane described 27 different acute, transient, or irreversible neurological disorders produced by neuroleptics and stated, "My position is that all neurological syndromes developing in the course of intensive drug therapy should be attributable to neuroleptics."[71] In addition, to counteract the toxic effects of neuroleptics, physicians have taken to routinely prescribing concurrent antiparkinsonian drugs—a practice with grave hazards of its own and currently the subject of much debate.[72]

What is more disturbing, given the emphasis on the acquisition of diagnostic skills during psychiatric training, is the strikingly high rate at which these drug-induced disorders are misdiagnosed or simply not noticed. According to the only available study on the subject, even well-trained clinicians at a prestigious medical center failed to recognize and diagnose tardive dyskinesia in 90 percent of cases, akathisia and dystonia in 75 percent of cases, and akinesia and parkinsonism in 40 percent of cases.[73]

No comparably effective treatment has emerged in the whole history of psychiatry, which makes it difficult for that profession to assess the impact of drug treatments realistically. Nonetheless, the current context has led many to suggest that the efficacy of neuroleptic drugs has been greatly exaggerated, and that care of seriously disturbed persons may have actually been hindered by widespread use of these drugs.[74] Indeed, contrary to popular belief, the only consistent finding to have emerged from countless biological studies is the remarkable heterogeneity of

persons diagnosed with schizophrenia. This incontrovertible fact argues strongly *against* uniform medication with neuroleptics.[75]

I can only mention here some of the factors that maintain and encourage psychiatry's dependence on drug treatments.[76] The use of drugs is inseparable from the mental hospital system and involuntary treatment—the practice most closely identified with psychiatry as a legal and political institution. Without psychiatric drugs, mental hospitals would not offer "treatment," simply shelter and protection, conversation and activities. Drugs are also extremely important for the maintenance of that profession's medical identity. The competition from nonmedical therapies of all kinds leads one to ask what special qualities distinguish psychiatrists from other mental health professionals. Although the power to commit patients is a unique medical privilege, it does not distinguish the therapeutic role of doctors from that of other therapists. The crucial distinction today remains physicians' capacity to prescribe drugs, and the identity, the remuneration, and the authority this capacity implies. Turf battles are common among psychiatry, psychology, and social work, around the adoption of new diagnostic categories and third-party payments for psychotherapy. Owing to psychiatry's numerical weakness, high educational cost, and slow growth relative to all other mental health professions, its continued monopoly over drugs helps to ensure it preeminence in the field of mental health. However, the indispensable expertise of allied health professions, and the prevalence and the misdiagnosis of side effects, suggest strongly that social work should become involved in the study of psychotropic drugs.

Social Workers and Drug Treatments

Social work is now, and is likely to continue to be, one of the major mental health professions. In contrast to their earlier functions, social workers are intimately involved in all aspects of psychiatric treatment, often the major providers of care in inpatient psychiatric settings. Hospitals, however, account for only a quarter of the several million episodes of care yearly. Outpatient psychiatric services and community mental health centers (CMHCs), which employ the largest proportion of social workers in the field, account for the rest.[77] Community mental health centers emphasize short-term clinical services, of which psychotropic drugs are also a major component. One study found that half of social work students who received field instruction in mental health settings were counting or placing pills in containers, with 10 percent actually writing out prescriptions for physicians to sign.[78]

Gerhart and Brooks identify two roles of social workers with respect to psychotropic drugs and the physicians who prescribe them: (1) the "knowledgeable doctor's assistant," and (2) the "consultant-collaborator."[79] A recent discussion of casework with bipolar patients describes the first role: "Social work intervention centers around helping patients

:ept that they have a disability, adapt to the treatment regimen, and ıke appropriate changes in their lifestyles. . . . Social workers can plain what is required of the patient and encourage lithium com- ance."[80] In the second role, social workers assume more responsibility assessing the need for medication, monitoring effects, and consulting th the prescribing physician. The worker in this role does not take adversarial stance toward the physician or advocate on behalf of e patient.

Gerhart and Brooks propose a third role, that of "consultant advocate," ıich they see as an independent peer professional who can assume participatory, rather than a subservient, role in the care of the mentally They justify the need for this role on the basis of the emerging owledge concerning the adverse effects of neuroleptics, legal and ıical developments in drug treatment, and a tendency on the part some physicians to downplay potentially destructive drug effects their patients.

Four of the five social work articles addressing these roles were vorably disposed to drug treatments. Two authors stated that social orkers were "generally" or "categorically" opposed to drug treatments, it the available evidence supports a contrary claim. In one survey clinical and psychiatric social workers, 90 percent ranked psychotropic ugs as the most necessary service for discharged psychiatric patients.[81] ıother survey of 84 experienced mental health professionals who ıd family members diagnosed with chronic psychotic disorders found at 70 percent ranked biochemical-genetic and psychopharmacological search as high priorities.[82] Finally, a recent study of 60 social workers und 93 percent agreeing that psychotropics are necessary in the eatment of the mentally ill and 88 percent believing that clients tend improve while on medication.[83]

Opposition to drug treatment partly derives from ideas about the ıpropriateness of the concept of mental illness. Critics not only chal nge the safety of specific interventions but also the legitimacy of ental illness as a genuine disease, of psychiatric treatment as genuine erapy, and of psychiatry as a medical discipline. Historians (Michel oucault, David Rothman, Andrew Scull), sociologists (Phil Brown, ving Goffman, Thomas Scheff), psychologists (George Albee, David ill, Theodore Sarbin), psychiatrists (Peter Breggin, Lee Coleman, D. Laing, Thomas Szasz), and, of course, ex-mental patients (Judi hamberlain, Leonard Frank) have put forth such critical perspectives. n the contrary, a series of recent papers by social workers praise the edicalization of psychiatric theory, research, and practice, implying at resistance to this neuroscientific zeitgeist only decreases the quality social work helping interventions.[84]

Of the five articles mentioned above, one provides a cursory, two, brief, and two, a detailed discussion of adverse drug effects. Two rovide a detailed and two, a brief discussion, and one makes no

mention of ethical or legal issues arising from the administratior psychoactive drugs. Finally, one provides a detailed discussion ; four make no mention of clinician resistance to recognizing that adv effects may potentially impair social functioning. Davidson and Jamis article stands out. They view drug treatment as "a mixed blessi entailing in some cases unquestionable benefit, and in others seri negative effects. . . . The appropriate professional stance should one of cautious acceptance."[85] The discussion by these authors is emplary in its coverage of negative psychological and social effect drugs and its recommendations to social workers involved with medica clients. Unfortunately, as the only such article published in a 6-y period by the journals consulted, it remains a lone voice.

Implications for Practice and Research

Anthropology, economics, ethics, geography, psychology, and sociol have been used effectively in the domain of health and health c though strong barriers remain to full cooperation. In spite of obvious relevance of social science, it remains marginal in medic for several reasons. Social scientific investigations, as Kleinman p it, lead the researcher to "juxtapose conflicting value orientations query the meanings and norms that guide common-sense decisi making in the practical world, to examine covert dimensions of so life, and to view the wider context of sociopolitical and econo constraints on microclinical behavior." This task of configuring med problems as social problems is the obverse of medical work, which be thought of as "the configuring of social problems as discr biomedical ones."[86] Indeed, for all the writing about the biopsychoso approach to health and illness, the discourse of professional medic remains empiricist and materialist. Fundamental reality is biologi and psychosocial dimensions of sickness are mere epiphenomena. Un a problem or intervention can be specified in biological terms, suspect. Kleinman, however, believes that social science and medic have much to offer each other. "Biomedicine offers the medical so sciences the advantage of more precisely determining the socioph iological integrations that mediate [the] relationship [between meani and health]. But social science offers biomedicine access to a m rigorous and critical understanding of the human side of illness a care."[87]

A fundamental way for social work to contribute to the reciproc between the human side and the reductionist side of care is to the person, and the person's self-explanation of his or her behavi at the center of our interventions. In spite of their shortcomin psychiatric social workers in the insane asylum did something we se to have forgotten to do: they listened to their clients. This is evid from even a casual reading of the case histories they published, wh

provide ample details of clients' circumstances as well as a few passages in clients' own words. The asylum doctor, however, like the physician who viewed a bloody discharge as pathological product of a diseased organ, insisted that the patient's utterances were the pathological product of his diseased brain. The doctor eventually granted the patient's speech and behavior the status of speech and behavior but believed they made no sense. This was the context in which Freud entered, showing that what patients said made much sense, if only one listened to them and recast their words in the authoritative voice of psychoanalysis.[88] Psychiatric social workers of that period applied this insight, even if its consequence was another, more subtle, way of invalidating the patient as someone who did not understand himself and could give no valid account of his behavior. If anything, social work seeks to validate the person and to nurture self-determination, and it understands that the first step in this task is to listen to the person. Yet, one searches contemporary writings in vain for even a hint that the medicated client's perceptions and utterances—and the social world in which these are validated or disqualified—are crucial to understanding drug treatments and drug effects.

This should cause us to pay closer attention to the metaeffects of drug treatments. One of many avenues of research in this direction has been recently sketched by Stein and Aprey, who propose that the act of prescribing a drug is an intrinsic part of the prescription, that the interaction process of how and by whom a drug is prescribed and administered, is part of the drug itself. The prescription is not simply the piece of paper that the physician hands the patient, nor does it consist only of the drug's action on the body: "The physician's 'expectant faith' . . . is as much a property invested or projected into the drug as is the reciprocal expectant faith that the patient or family ascribe to the drug."[89]

Stein and Aprey direct us to ask such questions as, What is the patient's symptom for? Whom does the symptom serve? Whom does its alleviation serve? What and whom is the medication for? What might we *not* be doing by prescribing or taking medication? "Clearly, the drug is entering the alimentary canal of the patient; but in so doing, who is taking the pill; who is being medicated?"[90] These remarks suggest that to understand the full range of psychotropic drug effects, we must transcend the idea that they are somehow simply "contained" within molecular configurations and, rather, come to view them as strategic (albeit unarticulated) communications in complex and often tragic personal, family, and social dramas. In this respect, social work approaches that emphasize the importance of family and social systems in maintaining or creating individual client problems would be naturally suited for such explorations. By the same token, approaches committed to explaining disordered behavior as biochemical dysfunction would find little of value in this suggestion.

Entering the arena of care as practitioners or clinical researchers carries the same responsibilities as those borne by other health professionals. "Care," as Kleinman writes, "is moral praxis . . . an almost always ambiguous domain within which simply to be present and listen is to act and engender psychophysiological and ethical consequences."[91] Social scientists, clearly, are more comfortable charting this domain than working in it. But psychiatric social workers work in it. I recognize that as psychiatric social work increasingly becomes a part of clinical science, it is subject to the same misuses that affect other components of the clinical world, yet I believe the contributions to be made to this domain will far outweigh potential and actual untoward effects that accompany every useful intervention.

The problem of adverse effects of drug treatments presents a major point of entry for the contributions of social work practitioners and researchers. At the most elementary level, as Wise notes, adverse reactions to drug treatments might be avoided if prescribers possessed accurate information on previous drug reactions. Since the social worker's assessment may be the only complete social and drug history available, such information should be carefully gathered.[92]

A second immediately practical function, as suggested by Davidson and Jamison, is to identify negative effects. Because of their extensive contacts with clients in natural settings, social workers are uniquely suited for this task. Negative psychological effects of drugs reinforce a client's self-image as that of a "sick" or deviant person, encourage drug overdependence, or encourage the client to avoid facing or correcting pathogenic environmental conditions.[93] Negative social effects include the misuse of drugs by prescribers and others who want to control the client, overmedication to avoid hospitalization, perception of drugs as the "magic" solution, fostering the deviant status and deviant career role of the client, and requesting drugs to buttress the client's claim for disability.[94]

A third crucial activity would be the independent provision of drug information to clients. Social workers, of all professionals, might possess the best tools for this task. Social workers could also participate in the effort to involve patients more actively in treatment planning, for example, by developing model information-disclosure techniques. Several studies have shown that incomplete information on the risks of adverse effects are given by most physicians.[95] Workers could also contribute to this critical area by testing the effectiveness of strategies to increase patients' information retention and thus their capacity to provide informed consent for drug therapy.

But performing these functions will not compensate for a "glaring deficit" in the social work literature noted by Davidson and Jamison: basic writing about drugs. According to them, "Social work writers borrow freely from sociologists, psychoanalysts, and psychologists. No one objects or thinks it inappropriate when social workers write about

ıor modification, or analyzing the transference, or the use of ıs theory. . . . Treatment drug writing and training would be · in this respect: social workers would write and teach about herapy as it relates to social work."[96]

his much-neglected area, social workers are presently capable ıtributing basic knowledge. For example, most pharmacology rug reference texts share a common vocabulary and point of effects are divided into somatic (i.e., dry mouth, blurring of tremor) and psychological (i.e., sedation, restlessness, relief depression). Pharmacologists do not, however, describe drugs ıs of their effects on social participation and interaction.[97] Without ıng pharmacologists for failing to be sociologists, it is crucial to ıat what constitutes an "effect" is circumscribed by this point of ennard has proposed an approach that may serve as a corrective traditional medical definition of chemical effects. He has inıted the effects of drugs on communication, that is, the ability ee, to disagree, respond, intrude on others, be angry, make ıns, and to develop and maintain relationships.[98]

al work researchers and practitioners in mental health could fill ın the scientific literature by describing individual cases of adverse eactions, particularly their impact on the client's social functioning. of the professional literature on the subject simply addresses rsonal suffering of the patient. Estroff's ethnographic study of ıre clients revealed that drugs resulted in disabling side effects ısible stigmata which produce barriers to social integration.[99] ians do not generally appreciate the quality and extent of such ences, focused as they are on individual pathology rather than ial components of the experience of illness.[100] Practitioners might ·lp recast the terms of the problem of noncompliance by examining t-defined successful drug treatment.

iew of the recommendations to individualize pharmacotherapy, ally in long-term treatment, social workers could describe cases dual discontinuation of drugs, exploring the social, psychological, ther support strategies that optimize the client's ability to sucılly reduce or eliminate drugs. Social work researchers could also ɪely examine ethnic and other cultural variabilities in responses gs, an intriguing question in drug research

ıther social work ability is that of analyzing historical, policy, and ıg effects on clinical perspectives of practitioners. As this article gued, such issues lie at the core of our current quandary with t to psychotropic drugs. Policymakers urgently need information nalyses concerning why medication is prescribed and the conınces of prescription.

ere do we go from here? An informal survey of Master of Social programs in 130 schools revealed that only three offered courses ıcluded pharmacology or the social implications of medication

usage.[101] To ensure professional interest in the issues I have discussed, social workers must learn about the history and characteristics of treatments to which so many clients are subjected, just as they learn about the individual, agency, and social factors that shape helping relationships. Courses covering basic principles of pharmacology and neurology with a focus pertinent to social work would serve this purpose. Such efforts would not divert us from our traditional concerns. On the contrary, they might bring us closer to what we so often hear is our goal: an understanding of human behavior informed by biological, psychological, and social considerations.

Notes

1. Phil Brown, *The Transfer of Care: Psychiatric Deinstitutionalization and Its Aftermath* (London: Routledge & Kegan Paul, 1985), p. 150.

2. C. D. Marsden, R. H. S. Mindham, and A. V. P. Mackay, "Extrapyramidal Movement Disorders Produced by Antipsychotic Drugs," in *The Psychopharmacology and Treatment of Schizophrenia*, ed. Philip B. Bradley and Steven R. Hirsch (Oxford: Oxford University Press, 1986), pp. 340–402.

3. Thomas G. Gualtieri and Richard L. Sprague, "Preventing Tardive Dyskinesia and Preventing Tardive Dyskinesia Litigation," *Psychopharmacology Bulletin* 21 (1984): 117–19.

4. Jonathan C. Beck, "Right to Refuse Antipsychotic Medication: Psychiatric Assessment and Legal Decision-Making," *Mental and Physical Disability Law Reporter* 11 (1987): 368–72.

5. Ross J. Baldessarini and Bruce M. Cohen, "Regulation of Psychiatric Practice," *American Journal of Psychiatry* 143 (1986): 750–51.

6. See, e.g., Theodore Lidz, "Effective Treatment of Schizophrenic Patients," *Journal of Nervous and Mental Disease* 175 (1987): 447–49; Charles A. Kiesler and Amy E. Sibulkin, *Mental Hospitalization: Myths and Facts about a National Crisis* (Newbury Park, Calif.: Sage, 1987), pp. 245–48; Leston H. Havens, "Shooting Ourselves in the Foot," *Hospital and Community Psychiatry* 36 (1985): 811; and Allen S. Bellak and K. T. Mueser, "A Comprehensive Treatment Program for Schizophrenia and Chronic Mental Illness," *Community Mental Health Journal* 22 (1986): 175–89.

7. National Association of Social Workers (NASW), "NASW Delivers, Survey Says," *NASW News* 30 (1985): 1.

8. Daniel Goleman, "Social Workers Vault into Leading Roles in Psychotherapy," *New York Times* (April 30, 1985), pp. 17, 20.

9. The journals reviewed were *Clinical Social Work Journal*, *Health and Social Work*, *Social Casework*, *Social Service Review*, *Social Work*, *Social Work in Health Care*, and the *American Journal of Orthopsychiatry* (*AJO*). These journals were chosen because they represent major publications by and for social workers published by the NASW, the faculty of a school of social work, and independent publishers. *Social Casework* is published by the Family Service Association of America, *Clinical Social Work Journal*, by the Clinical Social Workers Association, and *AJO*, by the American Orthopsychiatry Association. The *American Journal of Orthopsychiatry* was chosen because it is a prominent journal with psychiatric social workers on its editorial board and frequently publishes articles by social workers. One of the six articles deserves mention here as it is not discussed further. "A Guide to Sources on Psychoactive Drug Therapies" (*Social Casework* 65 [1983]: 579–89) is by Henry C. Mendelsohn, a bibliographer and reference librarian, and does not address practice issues. It selectively lists resources found in medium- to large-size libraries but represents one of the most useful compilations available anywhere and would make useful reading for any student, practitioner, or researcher. An updated version might be necessary, however, as most of Mendelsohn's sources are pre-1978. It should be noted here also that a few social workers, such as Gerard E. Hogarty, Margaret W.

Linn, Steven P. Segal, and Myrna Weissman, have published clinical and epidemiological studies on psychotropics, though these appear in nonsocial work journals. Hogarty, in particular, has produced a sizable body of experimental evidence concerning the effectiveness of maintenance neuroleptic treatment for schizophrenics

10. See, e.g., Paul S. Appelbaum, Kenneth Schaffner, and Alan Meisel, "Responsibility and Compensation for Tardive Dyskinesia," *American Journal of Psychiatry* 142 (1985): 806–10; Phil Brown and Stephen C. Funk, "Tardive Dyskinesia. Barriers to the Professional Recognition of an Iatrogenic Disease," *Journal of Health and Social Behavior* 27 (1986). 116–32; David Hill, "Tardive Dyskinesia: A Worldwide Epidemic of Irreversible Brain Damage," in *Current Issues in Clinical Psychology*, ed. Nadine Eisenberg and David Glasgow (Brookfield, Vt : Gower, 1986), pp 87–108; and Mark Munetz and S Charles Schultz, "Minimization and Overreaction to Tardive Dyskinesia," *Schizophrenia Bulletin* 12 (1986): 168–72.

11. Francis J Turner, ed., *Adult Psychopathology A Social Work Perspective* (New York: Free Press, 1984).

12. Heinz E. Lehmann and George C Hanrahan, "Chlorpromazine, a New Inhibiting Agent for Psychomotor Excitement and Manic States," *A M A Archives of Neurology and Psychiatry* 71 (1954): 235.

13 Kiesler and Sibulkin, pp. 15–16

14 James Buie, "Divisions Emphasize Drug Education," *APA Monitor* 18 (November 1987): 6.

15 Thomas Szasz, *Insanity: The Idea and Its Consequences* (New York: Wiley, 1987), esp pp. 78–86.

16. William E. Berg and Michael Wallace, "Effect of Treatment Setting on Social Workers' Knowledge of Psychotropic Drugs," *Health and Social Work* (1987), p. 151.

17. Kathleen Fisher and James Buie, "Prescription Privilege Points, Counterpoints Debated at Convention," *APA Monitor* 18 (November 1987): 6–7

18 Arthur Rifkin, "Extrapyramidal Side Effects: A Historical Perspective," *Journal of Clinical Psychiatry* 48, suppl. (1987). 3–6

19 Marilyn G. Wise, "Working with Medicated Clients A Primer for Social Workers," *Health and Social Work* 11 (1986). 36

20 Gerald N. Grob, *Mental Illness and American Society 1975–1940* (Princeton, N J : Princeton University Press, 1983), p. 180

21. Albert Deutsch, *The Shame of the States* (1949, reprint, New York. Arno, 1973)

22 Sander J. Bockoven, *Moral Treatment in America* (New York Springer, 1963). Also, Elliot J Valenstein, *Great and Desperate Cures The Rise and Decline of Radical Treatments for Mental Illness* (New York: Basic, 1986), and Grob

23 See Valenstein; and David J Rothman, *The Discovery of the Asylum Social Order and Disorder in the New Republic* (Boston: Little, Brown, 1971), esp. pp 109–54

24 The two dominant theoretical approaches to mental illness, the organic (which emphasized biological causes and somatic treatments) and the functional (which stressed internal conflict and methods to bring it to consciousness), were concerned in practice with different types of mental patients in different places the former mainly dealt with the seriously unmanageable in hospitals; the latter, with the mildly disturbed in less restrictive settings. Thus they evolved independently (each being prejudiced against the ideas and practices of the other) and engaged in ongoing jurisdictional disputes. These differences were due partly to conflicting theories about mental illness as well as to basic economic considerations of two evolving specialties. Many eminent organic psychiatrists were professors in major universities or heads of departments of neurology or neurology and psychiatry (there being virtually no separate departments of psychiatry before the 1920s). Many leading functional psychiatrists—later closely involved in the mental hygiene movement which attracted social workers—established their own clinics, psychoanalytic institutes, and professional societies. Neurologists frequently accused psychiatrists of abandoning medicine, contrasting their own "scientific," organic treatments for mental illness with the "ineffectual" and "metaphysical" search for intrapsychic conflicts of the psychiatrists

25. Nathan G. Hale, *Freud and the Americans: The Beginnings of Psychoanalysis in the United States, 1876–1917* (New York Oxford University Press, 1971)

26. Valenstein, pp. 34–36.

27 Insulin coma and metrazol shock have gone the way of the rotati lobotomy (now called psychosurgery and referring to any surgical operati brain tissue) has become a sophisticated procedure designed to minimize su used experimentally on at most 200 patients a year in the United Sta Kucharsky, "History of Frontal Lobotomy in the United States," *Neurosurg* 765–72). Electroshock (ECT) continues to be used today and seems to renaissance (National Institute of Mental Health, *Consensus Development Confe on Electroconvulsive Therapy* [Rockville, Md.: National Institute of Mental 1985]). James W. Thompson, in "Utilization of ECT in U.S. Psychiat *Psychopharmacology Bulletin* 22 (1986): 463–65, estimates that in 1980, 3 received ECT, 66 percent of them in private general hospitals. From 197 number of admissions or discharges receiving ECT has decreased overall (from 58,667) in most facilities, except the public general hospital, where its by 58 percent between 1975 and 1980. The majority of ECT recipients of facility, in 1975 and 1980, were white women (who receive the bulk o affective disorders and especially of depression, for which ECT is consider However, Thompson's figure of 58,667 ECT patients in 1975 contrasts with Psychiatric Association's (APA) own estimate of 88,604 ECT patients i Force on Electroconvulsive Therapy of the American Psychiatric Associ *convulsive Therapy* [Washington, D C : APA, 1978]). Max Fink, a prominent l recently took issue with Thompson's figures, arguing that "the use and pr are increasing in this decade, accompanying the growing awareness that is an integral part of present psychiatric practice." Fink ("Use of ECT States," *American Journal of Psychiatry* 145 [1988]: 133–34) shows that th citations about ECT in the scientific literature increased from 130 per ye 170 in 1976, to 270 in 1986

28. Leland V. Bell, *Treating the Mentally Ill: From Colonial Times to the* York. Praeger, 1980), p. 147; and Valenstein, pp 173–74.

29. See Ivan Belknap, *Human Problems of a State Mental Hospital* (New Y Hill, 1956); Leonard Roy Frank, *The History of Shock Treatment* (San Fra 1978); Milton Greenblatt, Richard H. York, and Esther L. Brown, *Fro Therapeutic Patient Care in Mental Hospitals. Explorations in Social Treatmen* Russel Sage, 1955), and Valenstein

30. David J. Rothman, "ECT. The Historical, Social, and Professional S Controversy," *Psychopharmacology Bulletin* 22 (1986): 459–63

31. Lois M. French, "Psychiatric Social Work," in *Social Work Yearb* R H. Kurtz (New York: Russell Sage, 1939), pp. 312–15; Margaret Hage Social Work," in *Social Work Yearbook 1947 A Description of Organized Acti Work and Related Fields*, ed R. H. Kurtz (New York· Russell Sage, 1947), and Ruth I. Knee, "Psychiatric Social Work," in *Social Work Yearbook 19* Kurtz (New York· NASW, 1954), pp. 387–94.

32 Ethel L. Ginsburg, "Psychiatric Social Work," in *Orthopsychiatry 1923–1 and Prospect*, ed. Lawson G. Lowrey and Victoria Sloane (American Ort Association, 1948), p. 470

33. Edith L. Adams, "Direct Casework Treatment of Hospitalized Psych *Smith College Studies in Social Work* 20 (1950): 67

34. Lois M. French, *Psychiatric Social Work* (New York Russell Sage, 19 Berkman, *Practice of Social Work in Psychiatric Hospitals and Clinics* (New Yo Association of Psychiatric Social Workers [AAPSW], 1953), and AAPSW, *for Institutionalized Psychiatric Patients* (New York. AAPSW, 1955).

35. Rowena Ryerson, "Casework with Schizophrenic Patients Treate Therapies," *Journal of Social Casework* 26 (1945)· 290

36. See Seymour Fisher, Roda Fisher, and Alexander Hilkevitch, "The C Unconscious Attitudes of Psychiatric Patients toward Electric Shock Treatr *of Nervous and Mental Diseases* 118 (1935): 144–52; and John A P. Mille Mosse, "On Certain Psychological Aspects of Electroshock Therapy," *Psychos* 6 (1944): 226–36; also, Peter R. Breggin, *Electroshock: Its Brain-Disablin* York: Springer, 1979), pp. 164–69.

37. Evelyne S. Milanese, "Attitude Changes of Psychiatric Patients to

Shock Therapy," *Smith College Studies in Social Work* 29 (1958) 51–62

38 George E. Levinrew, "Shock Therapy," *News-Letter of the American Association of Psychiatric Social Workers* 14 (1944). 85

39 Paul Federn, "The Psychiatric Social Worker's Concern with Shock Treatment," *News-Letter of the American Association of Psychiatric Social Workers* 15 (1945). 13

40. Levinrew, p. 85

41. Herbert A. Cahoon, "Discussion of McGriff's and Rackow's Casework and Lobotomy," *Journal of Psychiatric Social Work* 21 (1952)· 140

42 Mary Hotchkiss, Jane Duffee, Arpine Mardigian, Christine Tarpinian, and Mary Sirley, "Environmental Factors Relating to the Adjustment of Dementia Praecox Patients Paroled after Insulin Shock Therapy," *Smith College Studies in Social Work* 13 (1942) 16

43. Ryerson, p. 292.

44. Cahoon, p. 141; and Dorothy McGriff and Leon W. Rackow, "Psychiatric Casework and Its Relationship to Pre-frontal Lobotomy," *Journal of Psychiatric Social Work* 21 (1952): 136.

45 Grob, *Mental Illness* (n. 20 above), p 257

46. Judith P Swazey, *Chlorpromazine in Psychiatry A Study of Therapeutic Innovation* (Cambridge· MIT Press, 1974), pp 160, 202–8.

47 Cited in William Gronfein, "Psychotropic Drugs and the Origins of Deinstitutionalization," *Social Problems* 32 (1985) 443

48. Perhaps the best and most thorough argument of this position is by Gronfein One need not, however, rely on "revisionist" accounts to agree with this view but rather on the first published reports by the original North American and British psychiatric investigators of chlorpromazine These offer illuminating perspectives on therapeutic, toxic, and pacifying effects of chlorpromazine and other phenothiazine derivatives and on the contexts in which these effects were first perceived and appreciated Perhaps because the medical world had no familiarity with the new drug, these reports are strikingly frank and graphic, unlike anything found in modern studies. See, e g , the first three articles in English on chlorpromazine. Lehmann and Hanrahan (n 12 above), Lehmann, "Therapeutic Results with Chlorpromazine (Largactil) in Psychiatric Conditions," *Canadian Medical Association Journal* 72 (1955) 91–92, and David Anton-Stephens, "Preliminary Observations on the Psychiatric Uses of Chlorpromazine (Largactil)," *Journal of Mental Science* 100 (1955): 543–57; see also discussion by Peter R Breggin, *Psychiatric Drugs* (New York Springer, 1983), esp. pp 12–18

49. See Brown, *The Transfer of Care* (n. 1 above), p. 159, and Steven P Segal, "Deinstitutionalization," in *Encyclopedia of Social Work* (Bethesda, Md · NASW, 1986), 1·378

50 Brown, p. 149.

51 Rifkin, "Extrapyramidal Side Effects" (n 18 above)

52. Thomas S. Szasz, "Some Observations on the Use of Tranquilizing Drugs," *A M A Archives of Neurology and Psychiatry* 77 (1957): 91

53 Genevieve M Slear, "Psychiatric Patients Clinically Improved but Socially Disabled," *Social Work* 4 (1959): 66

54 Brown and Funk, "Tardive Dyskinesia" (n. 10 above).

55 American Psychiatric Association, "Statement on Tardive Dyskinesia," *Hospital and Community Psychiatry* 36 (1985): 902–3.

56 See, e.g., Harold M Schmeck, "Depression: Studies Bring New Drugs and Insights," *New York Times* (February 16, 1988), pp. 15, 19.

57. Thomas A Ban, William Guy, and William H Wilson, "Pharmacotherapy of Chronic Hospitalized Schizophrenics. Diagnosis and Treatment," *Psychiatric Journal of the University of Ottawa* 9 (1984): 191–95; Steven P. Segal, Susan Chandler, and Uri Aviram, "Antipsychotic Drugs in Community-based Sheltered-Care Homes," *Social Science and Medicine* 14A (1980)· 589–96; Rosalind J. Dworkin and Gerald L. Adams, "Pharmacotherapy of the Chronic Patient. Gender and Diagnostic Factors," *Community Mental Health Journal* 20 (1984): 253–61; Bradley K Hill, E. A. Balow, and Robert H Bruininks, "A National Study of Prescribed Drugs in Institutions and Community Residential Facilities for Mentally Retarded People," *Psychopharmacology Bulletin* 21 (1985): 279–84, George D. Mellinger and Mitchell B. Balter, "Prevalence and Patterns of Use of Psychotherapeutic Drugs: Results from a 1979 National Survey of American Adults," in *Epidemiological Impact of Psychotropic Drugs*, ed. G. Tognoni, C. Bellantuono, and M.

Lader (Amsterdam: Elsevier, 1981), pp. 117–35, and Breggin, *Psychiatric Drugs* (n 48 above), p. 13.

58. Beck, "Right to Refuse Medication" (n 4 above).

59. Ross J Baldessarini and Jonathan O. Cole, "Chemotherapy," in *The New Harvard Guide to Psychiatry*, ed. Armand M. Nicholi, Jr. (Cambridge, Mass : Belknap, 1988), p 490.

60. Gerard E. Hogarty, "Depot Neuroleptics. The Relevance of Psychosocial Factors," *Journal of Clinical Psychiatry* 45, pt. 2 (1984): 36–42.

61. Heinz E Lehmann, "Negative Aspects of Psychotherapeutic Drug Treatment," *Progress in Neuropsychopharmacology* 3 (1979). 227

62 Leo E Hollister, "Strategies in Clinical Psychopharmacology," *Psychopharmacology Bulletin* 23 (1987)· 389.

63 Rifkin (n. 18 above). The side effects of greatest concern to psychiatrists today are usually termed extrapyramidal (EP) symptoms. "Extrapyramidal" refers to neuronal pathways from the brain to skeletal muscles, outside the pyramidal pathways that control voluntary movement. Extrapyramidal pathways "form a motoric infrastructure of unconscious stability (resisting gravity, providing coordination, affording stability against positional change), on which voluntary movements may be carried out" (Allan J. Gelenberg, "Treating Extrapyramidal Reactions: Some Current Issues," *Journal of Clinical Psychiatry* 48, suppl [1987] 24). These symptoms include Parkinson's syndrome and akinesia, akathisia, acute and tardive dystonic reactions, and tardive dyskinesia.

64. Ross J. Baldessarini, "Clinical and Epidemiological Aspects of Tardive Dyskinesia," *Journal of Clinical Psychiatry* 46 (1985)· 8–13.

65 Theodore Van Putten and S. R. Marder, "The Dysphoria Syndrome and Its Relation to EPS," in *Psychiatry State of the Art*, ed. P. Pichot et al. (New York Plenum, 1985), 1 595–600

66 Theodore Van Putten and Stephen R. Marder, "Behavioral Toxicity of Antipsychotic Drugs," *Journal of Clinical Psychiatry* 48, suppl (1987): 13–19.

67 Ibid , p 15.

68 Ibid

69 Ibid., p. 13.

70 Harrison G. Pope, Paul E Keck, and Susan L. McElroy, "Frequency and Presentation of Neuroleptic Malignant Syndrome in a Large Psychiatric Hospital," *American Journal of Psychiatry* 143 (1986) 1227–32.

71. George E. Crane, "Neuroleptics and Their Long-Term Effects on the Central Nervous System," in *Tardive Dsykinesia and Related Involuntary Movement Disorders The Long-Term Effects of Anti-psychotic Drugs*, ed Joseph DeVeaugh-Geiss (Boston J Wright/PSG, 1982), p. 79

72. Raymond C Lake, Daniel E. Casey, Joseph P. McEvoy, Samuel G Siris, et al., "Anticholinergic Prophylaxis in Young Adults Treated with Neuroleptic Drugs," *Psychopharmacology Bulletin* 22 (1986) 981–84.

73. Peter J. Weiden, J John Mann, Gretchen Haas, Marlin Mattson, and Allen Frances. "Clinical Nonrecognition of Neuroleptic-induced Movement Disorders. A Cautionary Study," *American Journal of Psychiatry* 144 (1987) 1148–53

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Family Member Adjustment and Family Dynamics in Established Single-Parent and Two-Parent Families

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This study compares personal adjustment and family functioning of mothers and adolescents in successful, established one- and two-parent families. The high levels of individual and family well-being reported by members of single-parent families in the sample as well as the similarity of adjustment of family members in both family types support recent assertions about the viability and potential strengths of single-parent units

Introduction

In the last two decades, there have been substantial changes in the structure of American families. The number of single-parent households increased dramatically because of the increase in marital separation and divorce during this period. In 1970, one out of every ten families was headed by a single parent; by 1984 one out of every five family units was headed by one parent,[1] and during 1987, one out of every

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four children in the United States resided in a single-parent household.[2] Future projections suggest a continuing decline in the number of two-parent families and an increase in the number of one-parent families. Indeed, it has been estimated that 59 percent of all children born in 1983 will live with only one parent at some point prior to the age of 18.[3]

A considerable amount of research has been done describing one-parent families and comparing them with various types of two-parent families. In particular, the economic problems of single-parent families have been amply documented. In 1983, for example, 47 percent of all American families living in poverty were headed by single females.[4] This figure includes 6.7 million children or 55 percent of all children living in single-parent households, more than four times the poverty rate for children living in two-parent households.[5]

Less is known, however, about the viability of the single-parent family structure under more favorable economic circumstances. Two views of this viability have been advanced. The first view, the structural deficit perspective, suggests that single-parent families are deficient and pathological.[6] Quality-of-life outcomes for parents and children in these households are particularly suspect. Indeed, marriage or remarriage is frequently prescribed by those advocating this perspective.[7]

The second view, the structurally adaptive perspective, focuses on the presumed strengths and resiliency of single-parent families. This view suggests that the single-parent structure is a viable family form with its own unique costs and benefits for parents and children.[8] The family interventions and social programs advocated by those holding this assessment are quite different from those suggested by proponents of the structural deficit view. Social service programs proposed by those favoring the structurally adaptive view are less concerned with structural modifications of the family unit. Advocates of the adaptive perspective favor family policies and programs tailored to the unique needs of family members residing in single-parent structures.[9]

Although the data examining the effect of family structure on the quality of family life and family member adjustment are incomplete, empirically supported arguments have been advanced for both the structurally deficient and the structurally adaptive positions.

Single-Parent Family Units as Structurally Deficient

The data used to support the structural deficit perspective come primarily from studies describing the family life of young unwed mothers and from the divorce-adjustment literature.[10] A number of studies have identified the low self-esteem of mothers following divorce or separation.[11] Recently divorced mothers have also been shown to be subject to depression[12] and to experience other more general problems

in emotional well-being.[13] Although the results have been less consistent, studies investigating the effects of divorce on children have also identified a variety of psychosocial symptoms following the dissolution of their parents' marriages.[14] In addition, studies of the family dynamics of single-parent families have identified a number of problem areas: poor communication,[15] a greater number of child management problems,[16] the blurring of intergenerational boundaries,[17] and lower levels of family-life satisfaction.[18]

Although there is evidence to the contrary, single-parent families are often viewed as homogeneous entities.[19] Consequently, findings from the divorce-adjustment literature have been inappropriately generalized to single parents and children who live in less transitional, more established units.[20]

Single-Parent Family Units as Structurally Adaptive

Negative assumptions about the influence of family structure have guided much of the research about single-parent families and may influence the interventions of practitioners.[21] A recent National Association of Social Workers (NASW) survey of 302 social work practitioners in 12 states reflects these negative views about single-parent families. Almost 60 percent of the responding professionals believed single-parent families possessed fewer strengths than two-parent families. A sample of 307 single female heads of households from the same 12 states provided a contrasting view of the families. Sixty percent of these single-parent mothers reported that their families had more strengths when compared to other families. In contrast to the views of the social workers, a small minority of these single-parent mothers (14%) believed that their families had fewer strengths than other family units.[22]

A limited but growing theoretical and research literature also provides some support for the strengths perceived by these single parents. This literature has focused on the similarities of family development tasks and processes that can be observed across family structures. Reuben Hill's family development perspective, for example, emphasizes the critical life-cycle transitions experienced by all families.[23] Hill's view, and that of other family life-cycle theorists suggests that family members and family units may achieve positive adjustments following divorce and other life transitions.[24] These theorists emphasize the similarity in the developmental tasks and in the functioning of single-parent and two-parent families. This life-cycle view emphasizes the manner in which stress may "pile up" and then dissipate as the family unit adapts to new circumstances created by divorce or other critical life-cycle transitions.[25]

These adaptive family life-cycle views are supported by comparative studies showing that the number of parents in the household is a

· predictor of children's psychosocial functioning than the quality
ıily functioning.[26] In addition, these adaptive views are also
rted by recent attempts to isolate the components of healthy or
ıl family functioning.[27] In particular, Hanson's study of "healthy"
·parent families provides evidence in support of the adaptiveness
ʒle-parent families.[28] Self- and professionally nominated mothers
althy" single-parent families evaluated their mental health and
' their children as good to excellent. In addition, the psychosocial
ates of well-being in the Hanson study paralleled those suggested
·lier descriptions of well functioning in two-parent families.[29]
rly, Bowen and Orthner found that a majority of the single-
t Air Force families they studied reported high levels of personal
ımily adjustment.[30] Unfortunately, none of these studies of rel-
' well functioning single-parent families included comparison
s of two-parent families.

Present Study

ıgh empirical evidence has been advanced in support of both
ructural deficit and adaptive views of single-parent families, a
er of research problems have precluded a better understanding
role of family structure in the well-being of families and family
ıers. Data used to support the structural deficit position have
t exclusively relied on samples of stressed or economically dis-
taged service recipients and measures of well-being have been
ıistered following divorce or the unplanned birth of a child. Few
s have examined these single-parent families at subsequent and
tially less vulnerable stages of the family life cycle. Little is known
the adjustment of these more established single-parent families
ave been living together continuously for several years as family
Similarly, data used to support the adaptive position have not
ed comparative samples of established two-parent families.
ıddition to these sampling and design problems, a majority of
udies examined in the present review have shared two major
ırement problems. First, many of the instruments used have not
inical cutting points.[31] Consequently, when statistically significant
ences between groups were found, little could be concluded about
actice significance of these differences. Second, these comparative
s have frequently focused on only one or two family variables,
y obtained from the perspective of only one family member.
: present study utilized a group comparison design which addresses
of the research problems discussed above. The study involved
lministration of a broad array of reliable and valid individual
ımily well-being measures to compare the assessments of mothers
dolescents from a primarily nonclinical sample of established
ınd two-parent families.

Method

The cross-sectional data for this study of established families were collected in conjunction with an ongoing longitudinal investigation of families with adolescent children.[32] The families were identified from student records maintained by a large southeastern school district. Three hundred potential study participants were randomly selected; students in special education classes and those suspended from school or absent more than 25 days during the previous academic year were excluded.

The parents of the pool of potential subjects were sent a letter encouraging them to participate in a study of family life. They were offered free movie tickets to a local theater chain as an incentive for participation. Parents who returned a consent form were sent questionnaires for independent completion by the designated adolescent and by each parent in the household. The mothers were then contacted by a member of the research team who made an appointment to visit the home. The researcher collected the questionnaire and administered a short screening interview to each mother. The screening interview included questions about the family's history with casework, counseling, and psychotherapy, with alcohol and drugs, and with the juvenile and criminal justice systems.

Sample

One hundred and fifty-six (52%) of the 300 selected families responded to the solicitation letter and 102 (65.4%) of these agreed to participate in the study. Five of the single-parent families were headed by women who had separated within the last year and not yet divorced. Three other single-parent units were headed by single fathers. The questionnaires from these eight families are not included in the present analysis. The 94 families comprising the sample include 56 two-parent and 38 single-parent families. Twenty-seven of the single-parent mothers were divorced and eleven had never married.

Perhaps the most important characteristic of this sample for the present study is the longevity of the existing family living arrangements. Both groups of families represent the established family units sought for the present investigation. The married mothers had been married for an average of nearly 20 (19.1) years, while the unmarried mothers had been living with their offspring as a family unit for 18.8 years. Equally important for the present study, the divorced mothers had lived in the present single-family unit for almost 10 years (9.9) since their separation from their spouses. The majority of the mothers (85%) had at least two children in the household; the mean number of children living in the homes was 2.3. A minority of the mothers (13.8%) reported that their family or a family member had received counseling, casework, or psychotherapeutic services during the past twelve months

The adolescents in the study averaged 16 (15.7) years of age, ranging from 12 to 18. All were in good academic standing in grades 6 through 12; the mean number of grades completed was 9.7. Almost two-thirds (61.7%) of the students in the study were female, and two-thirds (68.5%) were white. The mothers' mean age was 41.1, and they had completed an average of 13.2 years of formal education. A majority of the mothers (74.5%) were Protestant.

Most of the mothers (93.2%) were employed full time out of the household; only five mothers reported they were full-time homemakers. There was a wide variation in family income. Although the mean family income for the sample was close to $30,000 per year, 15 percent had incomes of less than $15,000 while another 15 percent had incomes over $50,000.

Analysis of variance and chi square tests were used to examine whether the single-parent families differed from two-parent families on demographic characteristics. As expected, the average reported family income of the two-parent families was significantly greater ($p < .001$) than the average income of one-parent families. However, no statistically significant differences were found on the family members' age, education, and religion, the sex of the adolescents, the mothers' employment status, the number of years the families had lived together as units, and the percentage of families who had received social or psychological services in the last year.

Measures

Each mother and adolescent child completed a questionnaire containing scales assessing selected aspects of personal adjustment, problems in parent-child relations, and functioning of the family unit as a whole. The number of items and an estimate of internal consistency (Cronbach's alpha) for each scale are summarized in table 1.

Table 1

NUMBER OF ITEMS AND INTERNAL CONSISTENCY OF SCALES MEASURING INDIVIDUAL AND FAMILY ADJUSTMENT (N = 94 for Mothers and Adolescents)

Scale	Number of Items	Cronbach's Alpha	
		Mothers	Adolescents
Generalized contentment scale (GCS)	25	92	93
Index of self-esteem (ISE)	25	.93	91
Attitudes toward children (PAC) or parents (CAM)	25	91	95
Family adaptability and cohesion evaluation scales (FACES III):			
Cohesion	10	85	82
Adaptability	10	.63	59
Family awareness scale (FAS)	12	86	86

Personal adjustment.—Hudson's Index of Self Esteem (ISE) and Generalized Contentment Scale (GCS) were used to measure self-esteem and depression of mothers and adolescents.[33] Both scales have 25 items with five-point Likert scales. Scores are transformed to range from zero to 100. A series of studies have established a clinical cutting point of 30 for both instruments. Persons who score above 30 have been shown likely to have a clinically significant problem, while those who score below 30 are usually free of such problems.[34] Numerous estimates of reliability and validity of these scales have been obtained in a series of previous studies.[35] Alphas reported in table 1 suggest adequate internal consistency of these scales in the present sample of mothers and adolescents.

Parent-child relations.—Scales from Hudson's Clinical Measurement Package were used to assess parent-child relationship problems perceived by the mothers and adolescents. Each of the adolescents completed the Child's Attitude toward Mothers (CAM) scale while the mothers completed the Parent's Attitudes toward Child (PAC) scale. Each of these scales consists of 25 five-point Likert-type questions and yield a severity score ranging from zero to 100 points. Scores above 30 are viewed as representing clinical problems. Satisfactory estimates of the validity and reliability of the CAM and PAC have been published elsewhere.[36] Coefficients for the CAM and the PAC in the present study suggest adequate internal consistency (see table 1).

Whole family functioning.—Two well-established scales were used to measure family members' perceptions of the cohesion, adaptability, and overall competence of their family units. These were FACES III, a 20-item scale assessing family cohesion (10 items) and adaptability (10 items) and the Family Awareness Scales (FAS), a 12-item scale assessing family competence.[37]

In the Circumplex model on which FACES III is based, family functioning is viewed as having a curvilinear relationship to cohesion and adaptability. Accordingly, the cohesion scale is designed so that appropriately close families achieve moderate scores. These moderate scores fall between the less functional extremes of enmeshment (overly close) and disengagement (too distant). Similarly the scores of more functional families on the adaptability subscale fall in a moderate zone between rigidity and chaos in family relationships. The validity and reliability of FACES III has been suggested by an extensive series of previous research and clinical tests.[38]

A group of previous studies also documents the validity of the Family Awareness Scales.[39] These scales are based on the Beavers-Timberlawn model and measure the amount of family competence in whole family units. The 12 items constituting the FAS are rated on five-point Likert items assessing family members' perceptions of such family characteristics as affect, problem-solving ability, and communication. The alpha coef-

ficients obtained in the present study for FACES III and FAS parallel those reported in previous studies (see table 1).

Results

The Mothers' Assessments

Tables 2 and 3 show the summary statistics used to compare reports of the single and married mothers on the measures of personal adjustment, problems in parent-child relations, and the functioning of their family units as a whole. Two trends are apparent. First, particularly positive personal and interpersonal assessments predominate in the reports of the mothers from both groups. As shown in table 2, mean scores for all three Clinical Measurement Package instruments (ISE, GCS, and PAC) are below the clinical cutting points of 30 and the FACES III adaptability and cohesion means are within the balanced range for the single and married mothers.[40] In addition, as shown by the percentages in table 3, the majority of mothers from both groups achieved scores below the Clinical Measurement Package clinical cutting points and fell within the balanced zones of the adaptability and cohesion scales. These results suggest that mothers in the sample from both family types are not likely to have clinically significant problems with self-esteem, depression, and parent-child relations or in the functioning of their family units as a whole.

The second trend in the mothers' assessments is the striking similarity of the reports from both groups. A statistically significant difference between groups was found for only one of the univariate ANOVAs used to test the means of all instruments (table 2). The single-parent mothers reported more problems ($F = 4.06$, $p = .047$) in their relationships with their adolescents than did the two-parent mothers. A

Table 2

Comparison of Mothers from Single- and Two-Parent Households Means of Measures of Individual, Parent-Child, and Whole-Family Functioning

Psychosocial Measures	Single Mothers (N = 38)	Married Mothers (N = 56)	F	p
Individual measures				
Self-esteem (ISE)	26.0	23.5	.54	.46
Depression (GCS)	23.6	19.3	1.88	.17
Parent-child measures:				
Parent-child problems (PAC) . .	11.5	7.2	4.06	.05
Whole-family measures				
Competence (FAS)	78.8	80.5	.29	.61
Cohesion (FACES III)	37.8	39.3	1.44	.24
Adaptability (FACES III)	24.3	25.5	1.35	.25

Table 3

COMPARISON OF MOTHERS FROM SINGLE- AND TWO-PARENT HOUSEHOLDS. PERCEN… WITH NONCLINICAL SCORES ON MEASURES OF INDIVIDUAL, PARENT-CHILD, AND WH… FAMILY FUNCTIONING

PSYCHOSOCIAL MEASURES	PERCENTAGE OF MOTHERS WITH NONCLINICAL SCORES: Single Mothers (N = 38)	Married Mothers (N = 56)	χ^2
Individual measures:			
Self-esteem (ISE)	63.2	75	1.71
Depression (GCS)	71.1	83	2.54
Parent-child measure:			
Parent-child problems (PAC)	89.4	96.4	1.64
Whole-family measures:			
Cohesion (FACES III)	59 6	64.3	0.18
Adaptability (FACES III)	71.1	78.0	0.91

NOTE.—For the ISE, GCS, and PAC, nonclinical scores do not exceed 30 points FACES III, nonclinical scores range between 32 and 43 on the cohesion scale between 22 and 30 on the adaptability scale.

multivariate analysis of variance involving all of the measures confirn the findings of the univariate results (Hotellings T^2 = .10, F = 1. p = .21). As shown in table 3, no statistically significant differen were found in the percentages of mothers in the two groups w nonclinical scores.

The Adolescents' Assessments

Tables 4 and 5 summarize the results of the analysis of the adolescer assessments of their personal adjustment, their relationships with th mothers, and the functioning of their families as a whole. The trer in these data parallel those observed for the mothers. The mean sco of adolescents from both groups reflect the same overall positive sessments reported by the mothers (table 4). On only one of the Clini Measurement Package instruments, the ISE, was a mean score ab the clinical cutting point. This self-esteem score (32.0) was only m ginally in the "problem" area and was obtained for the two-par rather than the one-parent adolescents. As in the case of the mothe the adolescents' scores for cohesion and adaptability for both gro were within the balanced range.

As indicated in table 4, none of the univariate ANOVA tests compar the means of adolescents living with single parents with those of th counterparts in two-parent families revealed statistically signific differences. As in the case of the mothers, these results were confirm by the MANOVA procedure (Hotellings T^2 = .07, F = 0.98, p = .4

imilarly, as shown in table 5, the percentages of adolescents in single-arent structures achieving nonclinical scores, compared with these ercentages for the adolescents with married mothers, were not sig-ificantly different.

ummary and Discussion

he most important finding in this study was the consistently high egree of individual and family well-being reported by members of he single-parent families. Favorable levels of individual adjustment haracterized the self-assessments of the mothers and their adolescent hildren. In addition, parent-child relationships were satisfying to both amily members and were not seen as particularly problematic by ither. Finally, the levels of family adaptability and cohesion reported y the mothers and their adolescent children suggested that these amilies were functioning well as units. Reports of both parents and dolescents in single-parent families suggested very positive levels of ohesion and adaptability.

A second important finding is the similarity of single- and two-arent families on the measures of psychosocial adjustment. Eleven f the 12 ANOVA tests yielded statistically nonsignificant results.

These two trends in the present sample appear to be more consistent vith the structurally adaptive than the structurally deficient view of amily life. Although the limitations of the cross-sectional design do ot permit an adequate test of whether or not these families experienced efinable stages of adaptation to the single-parent form over time, the ata from the present study may be supportive of the views of family

Table 4

Comparison of Adolescents from Single- and Two-Parent Households Means of Measures of Individual, Parent-Child, and Whole-Family Functioning

Psychosocial Measures	Adolescents with Single Mothers (N = 38)	Adolescents with Married Mothers (N = 56)	F	p
Individual measures:				
Self-esteem (ISE) ...	29.2	32 0	87	.352
Depression (GCS) ...	27.6	27.4	.05	942
Parent-child measures:				
Parent-child problems (PAC) ..	19 1	16 9	.43	.512
Whole-family measures:				
Competence (FAS) ...	72.1	73 2	34	.716
Cohesion (FACES III) ...	34 6	35.4	44	.560
Adaptability (FACES III) ...	24 0	23.6	09	.756

Table 5

COMPARISON OF ADOLESCENTS FROM SINGLE- AND TWO-PARENT HOUSEHOLDS: PERCENTAGE WITH NONCLINICAL SCORES ON MEASURES OF INDIVIDUAL, PARENT-CHILD, AND WHOLE-FAMILY FUNCTIONING

	PERCENTAGE OF ADOLESCENTS WITH NONCLINICAL SCORES			
PSYCHOSOCIAL MEASURES	Adolescents with Single Mothers (N = 38)	Adolescents with Married Mothers (N = 56)	χ^2	p
Individual measures:				
Self-esteem (ISE)	60.5	50.5	.87	35
Depression (GCS)	66.7	69.6	.09	77
Parent-child measure.				
Parent-child problems (PAC)	81.5	82.1	.06	.84
Whole-family measures.				
Cohesion (FACES III)	58.1	70.4	1.63	21
Adaptability (FACES III)	52 4	67.9	2.42	.13

NOTE.—For the ISE, GCS, and PAC, nonclinical scores do not exceed 30 points. For FACES III, nonclinical scores range between 32 and 43 on the cohesion scale and between 22 and 30 on the adaptability scale.

development theorists and others who contend that family-member adjustment and successful family functioning is achieved in a variety of different structures. Similarly, the documentation of the strengths of the single-parent families in the sample may also support recent research suggesting that members of single-parent families view their own living arrangements in a more positive light than do social service practitioners.[41]

In contrast, the role of sampling bias in explaining the favorable outcomes for the single-parent families cannot be overlooked. Although the pool of potential participants was randomly selected, there is no way of knowing whether or not willingness to participate in the study was correlated with any of the outcome variables. It is possible, for example, that the single-parent mothers who chose to participate in the study were not representative of the pool from which they came Conceivably, as the heads of "strong" single-parent families, they may have been influenced to participate in the study by motivations that were not operant among the married mothers.

In any case, it is clear that the single-parent families in the present study do not fit the profile of individual and systemic dysfunction suggested by the divorce-adjustment literature. While the sampling methods do not permit strong generalizations, the findings indicate that there may be more reasonably adjusted single-parent families than suggested by earlier data from samples of families in transition

or crises. Consequently, verification of the present findings is essential. In addition, longitudinal research on the processes by which single-parent families may become successful is urgently needed.

If, as in the case of the present sample, single-parent family structures have the potential to promote strong families, a number of service implications result. A first step would be to discard the popular view that the single-parent family constitutes a social problem akin to drug and alcohol abuse. As Miller has recently suggested, these families may more accurately resemble other special populations such as the elderly or two-career families with children.[42] As such, service provision may need to focus less on the perceived deficiencies of single-parent families and more on the unique and documented needs of this client group. Accordingly, as suggested in the present sample of established single-parent families, economic resources may most clearly and consistently distinguish single-parent families from their two-parent counterparts. Consequently, employment and other economic support programs may constitute the most critical and effective means of assistance for single-parent families.

Notes

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39 Robert G. Green et al , "Rejoinder Extending the Dialogue and the Original idy," *Family Process* 24 (September 1985)· 405–8, Green, "Self-Report" (n 32 above), , 163–68.
40. Cutting points from normative data on FACES III suggest that balanced scores the Cohesion subscale range between 32 and 43 For the Adaptability subscale, lanced scores range from 22 to 30 As indicated in table 2, the means for single and arried mothers are within these ranges for both subscales
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Federal Categorical Grants and Social Policies: An Empirical Study

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Multiple regression analysis indicates that the federal aid provided by categorical grants for the development of community services to the disabled between 1971 and 1980 were highly stimulative for the expansion of community services Data for 27 states indicate that the funds provided by categorical grants were positively associated with additional state spending for community services. These funds were also positively associated with an increasing proportion of state expenditures being allocated to community programs In addition, state population, "tax effort," and a measure of a state's use of institutions are also associated with the development of community services. The potential uses of categorical grants as instruments of social policy are discussed in light of these findings

Introduction

In the United States, the federal government uses three general classes of actions to influence the flow of goods and services provided to citizens: direct provision, regulation, and incentives. This study examines the third type of action. The federal government's use of categorical grants as incentives to influence state governments is studied.

Categorical grants provide awards of money to state and local governments and organizations for activities specifically authorized by the federal government. The awards are usually made through a competitive application process. A state or local organization applies for funds in

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response to an announcement of available support. Federal administrators working within the guidelines contained in the authorizing legislation and accompanying regulations decide on the merits of the application and, if approved, make an award of money. Compliance with the requirements of the grant program is then monitored.

Only in the past 50 years have the federal funds provided by hundreds of categorical grant programs become large enough to draw significant attention of federal and state legislators and policymakers. In 1929, for example, federal grants to state and local governments amounted to $200 million. At that time federal assistance accounted for only 3 percent of total state and local government expenditures. By 1985, however, the estimated $102.2 billion provided by federal grants represented more than 20 percent of all state and local expenditures.[1]

As federal support increased, dissatisfaction with categorical grants also increased. On one hand, federal policymakers and the general public became disillusioned because the administration of categorical programs seemed to entail endless demands for additional funding with little or no apparent change in the state and local programs toward which the funds were directed. On the other hand, state and local policymakers and administrators expressed dissatisfaction because the federal requirements accompanying the grants left little flexibility for adapting the grants to special needs created by local conditions.[2]

The study presented here shows that categorical grants appear to have succeeded in influencing state supported services for the disabled. In the states for which complete data were available, the funds provided by the categorical grants were positively associated with additional state spending for community services. Moreover, these funds were positively associated with an increasing proportion of state expenditures allocated to community programs for disabled populations.

This article first identifies those factors related to decisions about the development of state and local programs reported in previous research. Second, the specific relationships tested in this study are presented, and the variables used to test these relationships are specified. Next, the method of analysis is described. Descriptive statistics reflecting how services for the disabled have developed and the results of multiple regression analyses are presented. Finally, the implications of the findings are discussed.

Factors Influencing State and Local Programs

Studies investigating the effect of federal categorical grants tend to use two distinct types of dependent variables. Many studies have relied on expenditures by state and local governments.[3] Others have relied on more subjective indicators of state and local responses, such as the opinions of program administrators.[4]

Many of the studies examining the relationship between federal grants and state and local expenditure patterns found increases in total spending levels for the programs supported by the federal grants.[5] However, there has been considerable disagreement about the meaning of these increases. Some researchers found that state and local governments used the funds provided by the grants simply to add to or supplement other state and local revenues. They concluded that the effects of the grants were additive.[6] Other researchers reported that the funds provided by the grants attracted additional state and local revenues for the purposes specifically authorized by the grants. These researchers concluded that the grants produced stimulative effects.[7]

Studies using more subjective indicators to examine the influence of federal grants on state and local programs tended to rely on state and local administrators' opinions of the impact of the federal categorical grants. In several of the studies, these administrators said that they often changed the ways that services were organized and delivered in response to federal categorical grant requirements. In general, these studies concluded that grant programs often influenced changes in state and local programs. More specifically, the impact of federal grant programs tended to be stimulative when the objectives of the grants coincided with the particular interests of individual administrators and policymakers.[8]

Previous studies suggest that categorical grants produce important changes in the nature and organization of state and local programs. While it follows logically that shifts in state and local expenditures should mirror these substantive changes in programs, research has not consistently found this to occur. Investigations of state and local expenditure patterns have generally shown that funds provided by federal categorical grants increase total expenditures for the grant-aided activities. However, previous research has not established whether state and local governments are being stimulated to spend more of their own resources on those activities than they would otherwise spend if the categorical grants were not available.

While examining the effects of categorical grants, most of the studies noted above also examined the impact of sociodemographic characteristics on state and local programs. Several studies have shown that population per capita income and "tax effort" (i.e., the relative willingness of citizens to tax themselves) explain significant portions of the variation in state and local government spending patterns.[9] Other studies by Giertz reported that the organization of governmental structures within a state also influenced state and local spending. The greater the degree of centralization of government activity in the state, the greater the level of expenditures for state and local government services.[10]

The attitudes of state residents toward government activity have also been found to be an important determinant of state and local

spending patterns.[11] This distribution of "political cultures" among the states includes highly traditionalistic states in the South where governmental activity was mainly viewed as limited to maintaining the existing social order; highly moralistic states in the Northeast and upper Midwest where governmental activity was predominantly viewed as an active means of achieving commonly held societal goals; and states dominated by individualistic cultures exemplified by many of the midwestern and western states where governmental activity was primarily viewed as a vehicle for individuals and groups of individuals to achieve parochial aims and purposes.[12]

Ira Sharkansky found the mapping of these different cultures throughout the states by Daniel Elazar to be reasonably accurate.[13] State and local expenditures for a variety of government functions appeared to vary with the type of political culture predominant in the state. More recent studies, using factor analysis, identify clusters of states with similar programs and policies in different substantive areas. These studies have reported findings that also generally support Elazar's configuration.[14]

Relationships Tested

Fiscal and substantive changes in state and local programs associated with the amount of federal assistance provided by categorical grants are the focus of this research. These changes are examined by first looking at the scope and direction of a specific federal policy. Then the study examines the extent to which state and local participation in the federal categorical grant programs reflecting the policy is related to changes in states' own expenditure patterns for the policy area. The analysis attempts to provide a better understanding of the relationship between the categorical grants and state spending decisions.

The policy examined for this study concerns disabled populations (i.e., the mentally ill, developmentally disabled, alcohol abusers, and drug abusers). Since the early 1960s, federal policy has emphasized a change in the organization and delivery of state and local services. Nearly all federal legislation addressing the needs of disabled persons during this period has encouraged a shift away from institutional settings toward community settings. These community settings include local mental health clinics, emergency psychiatric wards in general hospitals, community residential group homes for the developmentally disabled, and residential detoxification treatment centers in medical and nonresidential community settings.[15]

The federal government has used categorical grants extensively to achieve its policy aims with respect to the disabled. Between 1965 and 1980, the 14 categorical grant programs listed in Appendix A were specifically targeted at the development of community services. The

grants were intended to produce stimulative effects. State and local governments were expected to divert their support away from the existing institutionally dominated service systems toward community programs. Consequently, successful implementation of the federal policy depended on a shift of state and local resources. Simply increasing the level of total spending through the federal grants was not the primary intent of the policy.[16]

Achievement of the stimulative intent of the categorical grants is tested in two ways. Both tests focus on changes in state and local programs and the funding provided by federal categorical grants. The first concentrates on the relative reliance on different types of services. It is expected that the change in the proportion of total state expenditures for disabled populations spent on community services between 1970 and 1980 would be positively associated with the cumulative amount of support received from federal grants. The second focuses on the amount of expenditures for community services. It is expected that the change in the amount of state expenditures for community services to disabled populations between 1970 and 1980 would be positively associated with the cumulative amount of support received from federal grants.

Confirmation of both relationships is considered necessary to conclude that the categorical grants are effective stimulants. Confirmation of the first relationship but not the second could occur if expenditures for institutional services decreased while expenditures for community services remained constant or decreased less rapidly. A positive association could be established even when the states were, in fact, dismantling or sharply curtailing the development of community services. Confirmation of the second relationship but not the first could occur if expenditures for institutional services increased more rapidly than the increase in expenditures for community services. A positive association could be established between state expenditures for community programs and federal assistance, when, in fact, states were becoming relatively more reliant on institutional services rather than less.

Methodology

Variables Used to Test the Relationships

Two measures are used to reflect states' development of programs congruent with the aims of the federal policy for disabled populations.

1. *Percent change in community services.*—This dependent variable reflects changes between fiscal years 1970 and 1980 in state spending priorities. It measures changes in the proportion of total state expenditures for disabled persons that are allocated for community services.

2. *Per capita change in community services.*—This second dependent variable reflects per capita changes between fiscal years 1970 and 1980

in state spending levels. It measures changes in the amount of state expenditures that are spent on community services for disabled persons.

Both of the dependent variables are based on expenditures of funds generated by state and local revenue sources reflected in state budget documents. With the exception of federal funds provided by Medicaid, Medicare, or Title XX, the dependent variables do not reflect any federal funds being used for the development of community services for the disabled.

The main independent variable used in the study measures the amount of federal assistance provided by categorical grants for disabled persons. This variable, federal aid, is defined as the per capita amount, adjusted for inflation, cumulatively provided between 1971 and 1980 by the 14 categorical grants identified in table 1. A positive relationship is expected between federal aid and both dependent variables.

Six variables representing socioeconomic, demographic, political, and organizational factors are used to reflect alternative explanations for the variations in the dependent variables. These variables have been selected on the basis of the findings reported in the research literature reviewed above.

1. *1980 population.*—This variable is the number of persons in a state in 1980 as reported by the U.S. Bureau of the Census. States with larger populations are expected to have greater state and local expenditures.

2. *1980 per capita income.*—States with larger mean per capita incomes are expected to spend more on state and local government services.

3. *1980 "tax effort."*—This variable is defined as the per capita amount of state and local tax revenues for 1980 divided by the state's per capita income for 1980. States with greater tax efforts are expected to spend more on government services.

Table 1

Direction of Relationships Expected between Dependent Variables and Independent Variables

	Direction of Expected Relationships	
	% Change in Community Services	Per Capita Change in Community Services
Federal aid	positive	positive
Population	positive	positive
Rate of institutionalization	negative	not specified
Political culture	negative	negative
Decentralization	positive	positive
Tax effort	not specified	positive
Per capita income	not specified	positive

4. *Relative reliance in 1980 on state and local governments (decentralization).*—This variable is measured by the ratio of local government expenditures to state government expenditures. A state that has a relatively high ratio of local to state expenditures is thought to be relatively highly decentralized. States with greater measures of decentralization are expected to exhibit greater changes in the percent of state expenditures that are allocated to community programs because these states are expected to rely more extensively on local service systems.

5. *Political culture.*—This variable reflects the values, attitudes, and preferences people have toward governmental activity, measured by the Sharkansky-Elazar index of political culture, which uses a scale from 2.00 to 9.00. States with high scale values, indicating a traditionalistic political culture, are expected to reflect less change in the two dependent variables. States with low scale values, indicating a moralistic political culture, are expected to reflect greater change in the two dependent variables. Thus an inverse relation is expected between political culture and the two dependent variables.

6. *Relative use of residential state-owned institutions in 1970.*—This variable measures the number of residents per 100,000 population in state institutions for the mentally and developmentally disabled on June 30, 1970. States with well-established institutional systems are expected to have more difficulty adapting their delivery systems to reliance on community services. An inverse relation is expected between this variable and percent change in community services.

The directions of the expected relation between the dependent variables and the independent variables are summarized in table 1.

Data Collection

With the exception of political culture and federal aid, measures of the independent variables for each state were obtained from the *Statistical Abstract of the United States.*[17] The source for the measure of each state's political culture is an article by Sharkansky.[18]

Three sources were used to determine the level of federal aid provided each state. The annual volumes of the *Catalog of Federal Domestic Assistance*[19] were used to first identify the categorical grants that authorized federal assistance for community services for disabled populations. Then the *Federal Outlays in Summary* and the *Geographic Distribution of Federal Funds*[20] were used to identify the level of assistance provided in each state. Once the annual expenditures had been identified, they were adjusted for the effects of inflation, using the U.S. Department of Commerce consumer price index so that all expenditures would be measured in constant 1980 dollars. Finally, all amounts were standardized by dividing each amount by each state's 1980 population.

Obtaining measures of the dependent variables proved to be much more problematic. The basic steps taken to obtain these measures are summarized in Appendix B.

Measures of the dependent variables in both 1970 and 1980 were obtained for 27 states. Twelve states provided information for 1980 expenditures, but not for those in 1970. Eleven states did not provide information for either 1970 or 1980.

The reasons that 23 states did not provide sufficient information to compute the dependent variables varied from state to state. However, three main reasons can be identified. First, many of the 11 states missing data for 1970 and 1980 did not elect to cooperate with this study. They either lacked sufficient interest in the study or lacked the available staff time needed to verify the expenditure data for their state's programs. Second, several states were unable to provide enough detail about their expenditures to make an accurate distinction between expenditures for community programs and expenditures for institutional services. Third, some states were unable to distinguish expenditures supported by federal categorical grants from expenditures supported from other sources. This distinction was important in establishing that the support provided by the categorical grants included as part of the federal aid variable would not be included in the measure of state expenditures.

The differences between states for which dependent variable data were obtained and states for which data were not obtained are summarized in table 2. The group of 27 states on which data are available have a smaller mean population, a smaller per capita income, and exhibit a smaller fiscal "tax effort." These states with complete data are somewhat more conservative politically, are somewhat more decentralized, and reported slightly less cumulative federal aid per capita. These states also reported a higher institutional rate per 100,000 pop-

Table 2

Comparison of States with Complete and Incomplete Data on Dependent Variables

	Mean of Complete Data (N = 27)	Mean of Incomplete Data (N = 23)
Federal aid ($ per capita)	36.48	36.51
Population	3,921,703	5,216,574
Rate of institutionalization (per 100,000 population)	225	180
Political culture (Sharkansky-Elazar index)	5.07	4.85
Decentralization (%)	42	38
Tax effort (%)	13.6	16.6
Per capita income ($)	8,974	9,387

ulation for 1970, indicating a greater reliance on state and county institutions for the care of the disabled.

Method of Analysis

Multiple regression analysis was used to examine the contribution of the independent variables to the variation in each of the dependent variables. The adjusted R^2 was used because of the small sample size. Moreover, sample statistics are only used as an aid to decision making as suggested by Blalock.[21] The 0.10 level of statistical significance is used to select variables that covary with the dependent variables.

In addition to the above analysis, the size of the influence of federal aid on the dependent variables was considered. The magnitude of the relationship, as indicated by the regression coefficient, was used to assess whether federal aid is able to alter state spending behavior in a meaningful way.

Results

Descriptive Findings

Tables 3, 4, and 5 summarize the descriptive findings of this study. In general there has been a dramatic change in the relative emphasis by states on community and institutional programs. In 1970, 27 states spent $134.5 million for the provision of community services. By 1980, these expenditures amounted to more than $1.29 billion, almost 10 times the amount spent in 1970. Expenditures for institutional services also increased, but much less significantly. Expenditures for institutional services in 1980 were $3.65 billion, compared with annual expenditures of $1.36 billion in 1970. Thus annual expenditures for institutional services roughly tripled over the 10-year period while expenditures for community programs increased nearly tenfold.

Although the overall increase in expenditures for community programs and the change in the percent allocated for community programs

Table 3

State Expenditures for the Disabled (N = 27 States)

	1970			1980		
	$ in Millions	$ per Capita	%	$ in Millions	$ per Capita	%
Community services ...	134.5	1.10	9	1,291.8	10.91	26
Institutional services ...	1,362.0	12.16	91	3,654.4	32.65	74
Combined	1,496.5	13.26	100	4,946.2	43.56	100

Table 4

FEDERAL ASSISTANCE PROVIDED BY CATEGORICAL GRANTS FOR THE DISABLED IN CONSTANT 1980 DOLLARS (in Millions of Dollars)

	For All 50 States	For 27 States with Complete Data
Federal aid, 1971–80	6,933	3,243
Federal aid in 1980 only	668	331

are dramatic, these increases varied widely among the states. The mean percent change in community services is 23.5 percent with a standard deviation of 9.9 percent. The change in Iowa was 3.0 percent while the change in Massachusetts was 41.0 percent. The mean per capita change in community services is $9.81 with a standard deviation of $5.71. The range was $20.03.

In general, then, there has been a substantial increase between 1970 and 1980 in states' development of community services. The increase varies from state to state both in terms of changes in per capita expenditures for community programs and in terms of changes in the percent allocated to community programs.

Federal aid provided between 1971 and 1980 to all states totaled almost $5 billion. When adjusted for the effects of inflation, the aid amounted to more than $6.9 billion, measured in constant 1980 dollars. The mean level of federal aid for all 50 states is $36.48 per capita and the standard deviation is $13.08. Federal aid ranged from $14.61 in Iowa to $76.62 in Vermont.

To put these expenditures by the federal government in perspective, it is useful to compare federal aid with state expenditures for community programs. In the 27 states for which state expenditure information for 1970 and 1980 is available, federal aid measured in constant 1980 dollars amounted to $3.2 billion dollars between 1971 and 1980. While considerable, the combined aid provided during these 10 years is still $400 million less than the amount spent only in 1980 for institutional services by the 27 states.

Table 5

MEASURES OF THE KEY VARIABLES USED IN THE STUDY (N = 27 States)

	Mean	SD
% change in community services	23.5	9.9
Per capita change in community services ($)	9.81	5.71
Federal aid ($)	36.48	13.08

In 1980 alone, the amount of federal aid for disabled populations totaled $331 million. This was one-fourth the amount spent by the states that year for community programs and one-tenth the amount spent for institutional programs. Clearly, the federal aid provided for programs serving disabled populations has not represented an avalanche of money falling on the states.

Findings from Multiple Regression Analysis

The results of the multiple regression analyses examining the variation in the dependent variables are summarized in table 6. The adjusted R^2 of the multiple regression equation explaining the variation in per capita change in community services is .40, while the adjusted R^2 for percent change in community services is .31.

The multiple regression equations indicate that the federal aid provided by the categorical grants was highly stimulative. Federal aid is strongly associated with both dependent variables after controlling for the other variables. The magnitude of the impact of federal aid on the percent change in community services can be illustrated by plugging various levels of federal aid into the regression equation. For example, the provision of an additional $3.60 per capita per year for the 10 years 1971 through 1980—a total of $36.00 per capita—would be related to an increase of 25.9% (.72 × 36.00) in the reliance by states

Table 6

Multiple Regression Analysis Relating Measures of the Development of Community Services for Disabled Population with Federal Aid and Other Independent Variables

	Dependent Variable					
	% Change in Community Services			Per Capita Change in Community Services		
	b	β	p	b	β	p
Federal aid	72	.93	.001	.28	.63	012
1980 population	000001	.45	.054	.000001	.63	.005
Rate of institutionalization	−.058	−.41	.043	007	38	612
Political culture	18 21	.43	093	17 07	14	759
Decentralization	3.84	28	.186	12.09	16	.430
Tax effort	1.51	27	.216	12.28	09	066
1980 per capita income	0005	.06	.761	0007	07	441
Constant	−44.8		127	−34 85		032
Adjusted R^2	.31			40		
F	3.26			3.45		
N	27			27		

Note.—b = unstandardized regression coefficient, β = standardized regression coefficient; p = level of significance

on community services relative to institutional services between 1970 and 1980. Similarly, the provision of an additional $3.60 per capita per year for the 10 years 1971 through 1980 would be related to an annual per capita expenditure for community services of $10.08 (.28 × 36.00) between 1970 and 1980.

Besides federal aid, three other variables help explain the variation among the states in the percent change in community services and the per capita change in community services. First, a state's population is positively associated with both dependent variables. The more populous states reported greater percent change in community services and greater per capita change in community services. Second, the number of disabled persons in institutions per 100,000 population in 1970 is inversely related to percent change in community services. Thus, states that had relatively large institutional populations in 1970, made relatively less progress in developing community programs between 1970 and 1980. Third, states with a greater taxing effort reported greater increases in per capita expenditures for community services. All of these relations are in the expected directions.

The relation between percent change in community services and political culture indicated in the table is spurious. Stepwise regression indicates that the partial correlation between percent change in community services and political culture after controlling for federal aid, 1980 population, and 1980 tax effort is only .19 and is not statistically significant.

Discussion

This study shows that the federal government's use of categorical grants appears to have succeeded in helping to change state and local services for the disabled. The federal government pursued a policy designed to stimulate the development of community services. To implement this policy, 14 categorical grant programs provided more than $5 billion between 1971 and 1980. In the 27 states for which complete data were collected, the funds provided by the categorical grants were positively associated with additional state spending for community services. More important, these funds were positively associated with an increasing proportion of state expenditures being allocated to community programs.

The positive association between state population and the development of community services indicates that the presence of population centers of sufficient size could be critical to support community agencies that focus their services on the disabled. These population centers may be needed to ensure the presence of sufficient numbers of clients to warrant the ongoing operation of a community service agency. Population centers may also be needed to ensure that sufficient numbers

of qualified staff are available to provide services. Finally, the diversity of people and interests in larger communities may be necessary to promote an atmosphere that recognizes and accepts responsibility for developing community treatment options for disabled persons.

The inverse relation between the relative reliance of states on institutional facilities in 1970 and the development of community services means that states with relatively larger numbers of persons in institutions in 1970 made smaller gains in the development of community services. Evidently, the past resource commitments of states have had an important impact on their ability and, perhaps, their willingness to adapt their service systems. The existing institutional programs may have placed demands on the state's resources that were directly competing with demands for community services. Consequently, states with relatively larger institutional systems may have had a more difficult time developing alternative community service systems.

Finally, the findings of this study tend to support the findings of other studies that the willingness of a state to tax itself influences the amount of services it provides for its citizens. States that reported greater tax efforts reported larger increases in expenditures per capita for community services. Interestingly, the relationship between tax effort and the change in the proportion of expenditures allocated to community programs is not strong. This indicates that higher tax effort could simply reflect a greater willingness to spend more for governmental services, rather than a preference for particular kinds of services.

Other variables often reported to be related to state and local expenditures, per capita income, regional attitudes toward government activity (i.e., political culture), and the degree of centralization in governmental functions did not appreciably add to the explanatory power of the multiple regression equation when federal categorical aid, population, state tax effort, and previous rates of institutionalization were considered.

Implications of Findings

While these findings should hearten policymakers interested in seeing the federal government reassert a leadership role in domestic policy areas, it is important to recognize the general context in which these categorical grants were successful. The unique set of conditions that were present need to be considered before applying these findings to other social policy areas.

First, state governments, not federal or local governments, were primarily responsible for services to disabled populations. This distinction about where authority lay is important. There are large differences in the numbers of key actors involved in decisions about

delivery systems. For services to disabled populations, a relatively small group of key actors in each state is involved in the decisions about the relative emphasis of community or institutional services. When the number of key decision makers includes representatives of thousands of local governments, the level of influence by categorical grants could be different.

Second, the development of new service methodologies revolutionized our ideas about the disabled person's capacity to adequately function in his or her community. New service methodologies such as drug therapies made treatment in the community an acceptable alternative for many disabled persons. Similar opportunities to change the nature of service delivery are not readily apparent in other social policy areas. There is no clear consensus on the most appropriate "treatment" to eliminate poverty, illiteracy, or poor parenting.

Third, services to disabled populations in 1970 were firmly entrenched in an institutional system of care. In 1970, there were more than 500 institutions with an average resident population of more than 800 persons. These institutions represented capital investments and operating expenditures of tens of billions of dollars. Thousands of workers depended on these institutions for their livelihoods. While public attitudes generally supported the shift to community based care, the size of the task was considerable given the costs to communities in dislocated workers and to the state in underutilized physical plants.

Despite these special circumstances, it is worth noting that the federal government appears to have successfully used categorical grants as incentives to influence the development and provision of services to disabled persons by the states. The findings of this study suggest that providing incentives continues to be warranted when the policies attempt to foster new and innovative approaches to service delivery. However, conditions today are much different than they were in the early 1970s. To continue producing stimulative effects, the federal government needs to develop grant programs that are responsive to current realities.

With respect to disabled populations, there is some consensus about the future development of service delivery systems in which the federal government could become more active. For example, there is some recognition that the continued development of community services requires a fundamental change in the relation between the institutional and community systems of care.[22] In most states, community service systems were developed without disturbing the administrative structures responsible for the existing institutional system. Planning and administrative tasks involved in developing community services were performed by either local community groups or by separate divisions within the state agencies. The development of two parallel systems of care for the disabled, rather than a single integrated system, has been the result.

In nearly all of the states, individuals responsible for the planning, funding, and administration of community services have little influence on decisions that concern funding and operation of institutions. At best, they may help establish the relative reliance of residents of particular communities on institutional care. However, a community's willingness to reduce its reliance on institutional care does not ensure that it will have additional resources with which to develop community services.

Linking decisions about the funding and operation of community and institutional services is crucial. Annual decisions about the allocation of resources presently pit institutional requirements against community requirements in the aggregate. Then communities are pitted one against the other in conflicts over the distribution of scarce resources for community programs. The actions of individual communities have a limited impact on the funding and operation of institutions. Instead, their actions are more consequential to the funding and operation of services in other communities. Federal categorical grants will need to adapt to these new conditions to be effective instruments of social policy for disabled populations. It would appear that the key element of any grant program will be a requirement that states link their funding decisions for community services to those for institutional services.

The findings of this study also point to a need for further research on the effects of categorical grant programs that does not simply examine the effects of spending on broad functional areas such as health and welfare. The effects of grant programs on the spending behavior of state and local governments need to be examined within the context of the specific policy objectives of the programs.

Appendix A

Categorical Grant Programs for Community Services to Disabled Populations

Authorized by Public Law 88-164, Community Mental Health Centers and Mental Retardation Facilities Construction Act of 1963:

13.240 Community Mental Health Centers—Staffing and Construction

13.295 Community Mental Health Centers—Comprehensive Services Support

13.630 Developmental Disabilities—Basic Support and Advocacy Grants

13.631 Developmental Disabilities—Special Projects

13.632 Developmental Disabilities—University Affiliated Facilities

Authorized by Public Law 94-602, Comprehensive Community Mental Health Center Amendments of 1975:

13.259 Community Mental Health Centers—Children's Services

Authorized by Public Law 91-616, The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970:

- 13.252 Alcoholism Treatment and Rehabilitation/Occupational Services Program
- 13.257 Alcohol Formula Grants
- 13.290 Special Alcoholism Projects to Implement the Uniform Act
- 13.898 Alcoholism Demonstration/Evaluation
- 13.899 Alcohol Abuse Prevention Research Demonstration

Authorized by Public Law 92-255, Drug Abuse Office and Treatment Act of 1972:

- 13.235 Drug Abuse Community Service Program
- 13.254 Drug Abuse Demonstration Programs
- 13.269 Drug Abuse Prevention Formula Grants
- 13.275 Drug Abuse Prevention/Education Programs

Authorized by Public Law 95-336, Alcohol and Drug Education Act:

- 13.420 Alcohol and Drug Abuse Education Programs

Appendix B

Data Collection Procedures Followed in Each State to Obtain Measures of the Dependent Variables

1. The annual budget and expenditure reports for each of the states were examined.
2. Letters and telephone conversations were initiated with knowledgeable individuals (on average three individuals in each state) for further clarification of expenditures categories reported in the budget and for expenditure reports.
3. Expenditures were categorized into three general classes: "institutional," "community," or "administrative."
4. Expenditures supported by federal funding sources were identified. With the exception of expenditures supported by Medicaid, Medicare, or Title XX funds, these expenditures were subtracted from the amounts identified for the three categories of state expenditures.
5. Administrative expenditures were allocated proportionately to institutional and community programs.
6. Confirmation of the accuracy of the measures of institutional and community program expenditures were sought from representatives in each of the states.
7. The percent of combined institutional and community program expenditures that are community expenditures was calculated for fiscal years 1970 and 1980. State expenditure figures for community services in 1970 and 1980 were divided by the populations of the states for those years to arrive at per capita expenditure amounts.
8. Measures of the two dependent variables for each state were calculated using the available data. The percent change in community services is calculated by subtracting the percent for fiscal year 1970 from the percent for fiscal year 1980. The per capital change in community

services is the difference in the amounts of per capita community expenditures in fiscal years 1970 and 1980.

Notes

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Public Opinion about a Child Support Assurance System

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The state of Wisconsin has begun implementing a new child support assurance system based on three innovations: (1) establishing support obligations equal to a proportion of the obligor's gross income, (2) automatically withholding support obligations from earnings, and (3) guaranteeing that eligible children receive no less than a publicly assured minimum benefit. Public support for these provisions was examined using the responses of a representative sample of Wisconsin's citizens to a series of vignettes. The results of the survey suggest that the public generally supports the new Wisconsin approach for setting child support obligations, although there is support for reducing the award if the custodial parent either remarries or has substantial earnings. Respondents also evidenced moderate support for automatically withholding obligations from earnings and considerable support for the guaranteed child support payment provision of the reform.

Failure of the Child Support System

In the 1980s, the child support system has come under increasing attack. It has been criticized as condoning (and therefore fostering) parental irresponsibility, as being inequitable and therefore exacerbating tensions among former spouses, and as a system that impoverishes children.

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In 1983, some 8.7 million women were living with children whose legally liable fathers were absent from the household while only about 4 million had child support awards during that calendar year.[1] Of those, half received the entire award, another quarter received partial payments, and one out of four received no support at all. Consequently, only one-third of eligible households obtained any child support while less than one out of four received the full amount awarded. It is estimated that in recent years about $4 billion has gone unpaid annually.

When awards are made, they are likely to be insufficient. In 1983, the average monthly child support obligation amounted to slightly more than $200 per month. Real child support transfers (1983 dollars) actually declined by almost 15 percent between 1978 and 1983. Support payments accounted for an estimated 13 percent of the absent parents' income, a proportion substantially below what the sharing rate would be in intact households.

Failures in the child support system have serious economic consequences for female-headed households.[2] The proportion of female-headed families classified as poor ranges from 25 to 40 percent, depending on how in-kind government transfers are counted; individuals in such families account for more than half the poor.[3] Their vulnerability to poverty is not surprising. In 1984, the mean income for two-parent families was $34,379, while the comparable figure for female-headed households was $13,257. Two-parent families with children experienced real income growth of some 14 percent between 1967 and 1984 as opposed to a 6.5 percent decline for their single-parent counterparts.[4] Between 1970 and 1984, the real value of the Aid to Families with Dependent Children (AFDC) program benefits to female-headed households with children declined by 33 percent.[5]

Public support is a significant part of the child support system. Public transfers to poor families with children eligible for child support substantially exceed private child support transfers to all children. Whereas about $7 billion in private child support was paid in 1983, federal AFDC expenditures on families eligible for child support were equal to about $8 billion in 1985. If the costs for Medicaid and food stamps are included, public transfers were equal to nearly $21 billion, or three times private child support transfers.

The AFDC program was established in 1935 for purposes quite different from those it now serves. It was intended to provide support for the families of deceased fathers in a society in which it was considered undesirable for mothers with children to work. Today, the program is primarily for children who have a living, absent parent legally liable for their support and a custodial parent who increasingly is expected to work.

The structure of this system encourages dependency. Because AFDC, like any welfare program, is designed to aid only the poor, benefits

are reduced when earnings increase. After 4 months on a job, a woman on AFDC faces a benefit reduction of a dollar for every dollar of net earnings. That is equivalent to a 100 percent tax on earnings. It is not surprising, therefore, that the majority of mothers on welfare do not work during the months they receive benefits. And yet, even if they were fully employed, one-half of welfare recipients could earn no more than the amount of their welfare grant, while the earnings of another quarter would exceed their grant by $1,000 or less.[6] If they received child support from the children's noncustodial father, some, but not all, of these families would attain an income above the poverty level. Clearly, the only way to alleviate this kind of poverty without creating total dependency is to supplement rather than replace the earnings of these custodial mothers.

Finally, the number of female-headed families with children is growing. In 1983 about one out of five households was headed by a woman with children under 18,[7] more than twice the 1967 rate.[8] According to Senator Daniel Patrick Moynihan, more than half of all children born in this decade will spend some portion of their minority years in single-parent households.[9]

The Wisconsin Child Support Assurance System

In response to these problems, the state of Wisconsin has been developing an alternative to the current child support system, known as the Child Support Assurance System (CSAS). Three provisions of the Wisconsin Child Support Assurance System are central to its success

The first of these is establishing adequate child support obligations in an equitable manner. Under CSAS, the obligations of noncustodial parents are set as a simple percentage of gross income and vary only with the number of children the noncustodial parent is required to support: 17 percent for one child, 25 percent for two children, 29 percent for three children, 31 percent for four children, and 34 percent for five or more children. The basic rationale behind this Percentage of Income and Asset Standard (PIAS) is that liable, noncustodial parents ought to share a legislatively prescribed portion of their income with those children not living with them.

The second principal provision is that support obligations are to be withheld from earnings, and other sources of income if feasible, and forwarded by the employer to the clerk of courts office. This contrasts with the existing practice in which withholding is only used if child support is not paid. This provision assumes that child support is a preeminent debt, to be paid before other obligations, and is often referred to as the "taxation at the source of income" concept.

The final provision is that all children participating in the reform program will receive a socially assured minimal level of support each

month. If the private child support transfer from the noncustodial parent falls below the assured benefit, a publicly financed subsidy, known as the Child Support Supplement, makes up the difference. The concept underlying this provision is that families with children eligible for child support should be able to count on an assured level of child support that is not dependent upon the ability or willingness of the noncustodial parent to provide that support.

In 1984, the state of Wisconsin began implementing all three provisions of CSAS. Immediate income withholding began on a pilot basis in 10 counties, and PIAS was established as a guideline that judges could use, although they were not required to do so. The state also secured permission, as part of the 1984 federal child support legislation, to use federal funds that would otherwise have been devoted to AFDC to help fund the assured benefit. As of July 1987, all counties in the state are required to use immediate income withholding, and the percentage of income standard is the presumptive child support award. (That is, judges must have a written justification for departing from the standard.) The assured benefit is scheduled to be piloted in two counties in early 1989.

While these provisions are justifiable on programmatic grounds, each has controversial aspects. The percentage of income and asset standard has generated considerable debate. It has been criticized for not taking the following into account: (1) unusual debts encumbering the obligor; (2) remarriage and start of a new family by the noncustodial parent; and (3) the income or remarriage of the custodial parent. It has also been criticized for being inflexible, eroding judicial discretion, and diminishing the ability of the parents to negotiate a child support arrangement that is uniquely tailored to their circumstances. Furthermore, this provision calls for administrative rather than legal procedures to be used to modify support obligations. If the obligation is expressed as a percentage of income, it changes automatically as the obligor's income changes. Some argue that all changes in support orders should be based on a judicial review of relevant factors.

The immediate income-withholding provision has evoked positive and negative reactions. Many believe that it is the most efficient mechanism for collecting support obligations: it avoids the necessity of making sensitive decisions regarding when to impose such an order—an action that traditionally has represented a penalty for noncompliance—and minimizes the accumulation of unpaid support with all the legal and economic complexities that result. Others construe withholding as an unnecessary intrusion of government into a private transaction, a variant of the "big government" argument. Opponents also believe that withholding penalizes obligors who intend to meet their obligations, and it eliminates the personal touch associated with paying child support. And finally, it has been argued that employment-

related problems will ensue, either because employers will object the costs associated with administering the wage assignment or becau employees will experience embarrassment vis-à-vis their employer.

Since the assured child support level has had the least public exposu little is known about possible public reaction to this provision. Sever possible objections can be identified. First, publicly guaranteed chi support may be seen as an unwarranted extension of governme responsibility by those who view child support—unless welfare involved—as essentially a private transaction. Second, there may concerns about potential costs, particularly with respect to how lar an increase (if any) the public would accept. And third, some m view the assured benefit as an extension of welfare under a differe name.

The Wisconsin child support assurance system is of national intere Federal child support legislation passed unanimously by Congress 1984 moved the nation substantially in the direction of a child suppo assurance system by requiring all states to adopt nonbinding chi support guidelines and income-withholding laws in response to a 3 day delinquency. In addition, the 1984 law allows Wisconsin to u federal funds, which would otherwise have gone to AFDC, to he fund an assured benefit. Current legislative proposals require stat to make their guidelines binding and to adopt immediate incom withholding laws.

This paper focuses on public opinion with regard to the three ma provisions of a CSAS: (1) the factors that should determine the si of child support payments and the appropriateness of the percentag used in the PIAS; (2) the use of immediate income-withholding collect obligations; and (3) the introduction of the assured child suppo guarantee.

Data and Methods

In the spring of 1985, researchers at the Institute for Research o Poverty conducted a telephone survey of Wisconsin households. Know as the Children's Income and Program Participation Survey (CHIPPS the interview incorporated a number of questions about the state child support program, including questions designed to tap publi perception regarding key provisions of the reform. The survey use a random digit dialing design to sample 1,073 households.[10] Whe there was a custodial or noncustodial parent in the household, tha parent was selected as the respondent; otherwise, one of the principa earners in the household was selected. The average household incom of those answering the vignettes was $27,970, their average age wa

44 years, 67 percent were female, and 45 percent had more than a high school education.

For each of the three child support issues examined, a vignette was written and a set of factorial objects was generated. The factorial survey approach used in CHIPPS provides a technique for exploring the structure of complex judgments such as those concerning child support.[11] This method works in the following way:

Step 1.—Identify the dimensions thought to be the most important in influencing the judgment process being studied. Specify the range of values that each of these variables can take. This step draws on knowledge of the substantive area and on awareness of the information that might cause respondents to change their judgment.

Step 2.—Write a short story, or vignette, that can be used to present values of these dimensions and to elicit judgments. The vignette is built around the set of dimensions identified in step 1, and the vignette is completed by assigning a value to each dimension. Several completed vignettes can be presented to each respondent.

Step 3.—Each case in the analysis is a completed vignette and the judgment elicited by the vignette. The way the dimensions affect judgments is examined by estimating a regression equation in which the judgment is the dependent variable and the dimensions in the vignette are independent variables.

Because values for dimensions are generated randomly with equal probabilities, the dimensions are uncorrelated except for random error. Furthermore, because objects are generated in random order, they are randomly assigned to respondents and the dimensions are thus uncorrelated with respondent characteristics except for random error.

CHIPPS used the factorial survey technique for three issues related to the child support assurance system, making it possible to describe the way in which judgments about child support obligations, approval of universal withholding, and approval of the assured benefit are affected by dimensions that operationalize situational variables. Two or three completed vignettes for each issue were randomly assigned to each respondent. In addition to the vignette questions, CHIPPS included forced-choice questions about the conditions under which child support obligations should be modified.

Vignettes and Questions on Child Support Obligations

The vignettes used to obtain judgments about child support obligations included the following five dimensions or variables: income and remarriage of the noncustodial father, number of children owed support, income and remarriage of the custodial mother.[12] In the text of the vignette given below, a phrase in italics indicates that the phrase is

the value of a dimension. (The values for the dimensions used in the vignettes are listed in table 1.)

Frequently when a father does not live with his children and their mother, he makes regular payments to their mother for support of the children. I am going to describe some situations to you in which children live with their mother and the father lives apart from them. For each situation, I will ask you how much money, if any, you think the father "should" contribute each month for the support of his children. Here is the (first/next) situation: A father *who has not remarried* has 2 *young children who live with their mother*. The mother *has remarried* and *makes $500 a month after taxes*. The father makes *$2,000 a month after taxes*. How much, if anything, should the father contribute each month for the support of his children in this situation?

Each respondent was presented with three vignettes. These items are time-consuming to administer over the telephone and may be confusing or fatiguing for respondents. For these reasons, the language of the vignette and the selection of variables entail simplifying assumptions that may restrict the generalizability of the results. For example, the vignettes describe only the most common situation, in which the mother is the custodial parent and the father is the noncustodial parent. Judgments for the reverse situation may differ considerably from judgments given in this study.

Forced-choice questions were asked about conditions under which the respondent would favor automatic adjustments of child support obligations.

I am going to mention some ways in which the situation of the family might change. I will then ask whether or not you think the amount of the father's child support payment should be adjusted automatically for that kind of change. First, when the cost of living changes, do you think that the amount that a father contributes to support his children should be automatically adjusted for this or not? When the father's income changes, do you think that the amount that a father contributes to support his children should be automatically adjusted for this or not? If the father remarries and starts a new family, do you think that the amount that a father contributes to support his children should be automatically adjusted for this or not?

Finally, respondents were also asked the following forced-choice question. Do you think that the amount that the father contributes in child support should depend on how much money the mother makes or should not depend on how much money the mother makes?

Vignettes on Immediate Income Withholding

The vignettes used to obtain judgments about universal withholding included three dimensions: the proportion of obligors who fail to pay

support, percentage improvements in support collections, and percentage reductions in welfare costs. Each respondent was presented with two completed vignettes to judge. The exact wording of the vignette is given below. The percentages are in italics to indicate that they are the values assigned to a dimension. (The values for the dimensions included in the vignette are listed in table 3.)

Now we want your opinion about how the government should collect child support payments. A 1984 federal law requires all states to withhold child support payments from the paycheck of any parent who owes child support and misses payments for 1 month. The court then gives these payments to the parent who takes care of the children. Some people have proposed that the state withhold child support payments for all parents who owe child support, not just for parents who miss making payments. Please tell me how strongly you would favor or oppose withholding from all parents who owe support if the following were true. First, with the new federal law *20 percent* of all parents who owe child support miss their payments and therefore would be subject to withholding under either system. Second, withholding from all parents who owed child support would collect an additional *30 percent* of child support payments that are owed. Third, withholding from all parents who owed child support reduced welfare costs by *20 percent* In this case, would you favor or oppose withholding from all parents who owe support? On a scale of 1 to 5, where 5 means strongly (favor/oppose) and 1 means weakly (favor/oppose), how strongly do you (favor/oppose) withholding from all parents who owe support?

Vignettes on the Assured Benefit

The vignettes used to obtain judgments about the assured benefit included two dimensions: changes in program costs and reductions in welfare use. Each respondent was presented with two completed vignettes to judge. The exact wording of the question is given below, except that percentages in italics were varied. (The values for these dimensions are listed in table 4.)

Last, we need to know whether you favor or oppose a new program Some people have proposed a new child support program to pay at least some support to all children legally entitled to child support. Under this new program each child would receive either the amount that the parent actually pays in child support or a benefit set by the state, whichever amount is larger With this new program, all legally entitled children would receive a minimum level of financial support. I am going to describe some effects this new program might have and ask your opinion. First, if the new program plus welfare costs *20 percent less* than welfare does now, and if the program reduces the number of people who are dependent on welfare by *10 percent*, would you favor or oppose using state funds for this program? On a scale of 1 to 5, where 5 means strongly (favor/oppose) and 1 means weakly (favor/oppose), how strongly do you (favor/oppose) such a program?

Results

The results indicate public perceptions relevant to each of the three major components of the Wisconsin Child Support Assurance System. First, in examining judgments about awards, a central issue is whether the obligations suggested by the public as being fair approximate the awards that would be set under the percentage of income and asset standard. Judgments regarding the conditions under which support obligations should automatically be adjusted are also examined. The income-sharing concept underlying the reform is compatible with automatic adjustments in that automatic adjustments assure that the child shares in both the increases and decreases in their noncustodial father's fortunes. Second, public opinion about the use of immediate income withholding as a means for collecting support obligations is examined. Of primary interest is whether public support is affected by various alternative effects on program outcomes and welfare caseloads. Third, public perception regarding implementing a publicly financed assured child support benefit is examined. Since this provision contains possible cost implications, opinions are obtained under varying assumptions about the costs and effects of this provision.[13]

Perceptions regarding Appropriate Child Support Obligations

The first analysis addresses how well awards suggested by citizens conform to the levels established under the percentage of income and asset standard. If public opinion and the standard specified similar awards, we would find the following: First, the proportion of the absent parent's income allocated for child support for one child would be roughly 17 percent of gross income. Second, the proportion allocated for additional children should increase at a decreasing rate. Third, the percentage of the father's income awarded would be approximately constant over the different levels of his income. Finally, the proportion allocated for child support would not vary with factors considered irrelevant under the "standard" approach, such as the marital status of either party or income of the custodial parent.

Table 1 displays the results of the regression of judgments regarding the father's appropriate child support obligation on five situational dimensions: (1) marital status of the noncustodial father; (2) marital status of the custodial mother; (3) the number of children to be supported; (4) the mother's income; and (5) the father's income. An award suggested by a respondent is expressed as a percentage of the father's income in the vignette that elicited the suggested award. The constant is the predicted judgment of the appropriate child support obligation when neither parent is remarried, one child is involved, the custodial parent has no income, and the absent parent's gross income is $500 per month. Each effect—or dummy variable coefficient—expresses

Table 1

APPROPRIATE PATERNAL CHILD SUPPORT OBLIGATIONS

Dimensions and Values*	Percentage of Father's Income That Should Be Paid in Child Support (Original Response)			
	Given in Dollars†		Given in Percentages	
	Coefficient	SE	Coefficient	SE
Constant (%)	21.43	.	24.65	...
Father remarried:				
No	...	..	...	...
Yes	−1.75‡	.63	−3.10	1.67
Mother remarried:				
No	..	..	...	...
Yes	−4.47‡	.63	−6.72‡	1.68
No. of children:				
One	..		...	.
Two	4.78‡	.76	1.93	2.12
Three	6.81‡	.77	5.71‡	2.02
Mother's monthly income:				
$0	..	.	..	.
$500	−1.25	.77	1.60	2.05
$1,500	−6.22‡	.78	−1.71	2.05
Father's monthly income:				
$500	...	...	..	...
$1,000	1.79	1.02	6.40‡	2.62
$2,000	.47	.99	10.21‡	2.63
$3,000	−1.15	.98	9.67‡	2.66
$5,000	−3.21‡	1.00	12.32‡	2.59
R^2	.10		.12	
No. of vignettes	2,199		457	

* The reference category for each set of dummy variables is shown first.
† Transformed into percentages for the analysis. This permits a direct comparison with the Wisconsin Percentage of Income and Asset Standard.
‡ Coefficient is at least twice its standard error.

the difference in the predicted child support obligation between the reference category and the category for which the effect is presented. The results are presented in two columns. The first, which represents 83 percent of all responses, includes those who answered the questions about awards in terms of dollar amounts, for example, "I think the award should be $150 per month." These answers were transformed into a percentage of the father's income for analysis. The second column presents responses originally given in percentage terms, for example, "I think the award should be 17 percent of the noncustodial father's income." Because most people responded in dollars, we give more emphasis to the first column. Because respondents suggested what they thought the father *should* pay, we refer to the suggested award as a "fair" award.[14]

For most cases, the suggested child support obligation is close to what is called for by the Wisconsin percentage of income and asset

standard. The constant term gives what is perceived to b(obligation for the case in which there is one child, neither remarried, the custodial parent does not work, and the nor parent earns $500 per month. That it is equal to 21 percent that Wisconsin adults believe that in this case the percentage (and asset standard is somewhat too low. For this situation, if t is remarried, the obligation remains over 19 percent; if the ı remarried, the obligation is almost 17 percent; if the motl $1,500 per month, the fair obligation drops to 15 percent. O custodial mother both earns a great deal and is remarried v child support award established under the Wisconsin stan(stantially exceed what Wisconsin citizens deem to be a fair ;

Public suggestions for child support obligations are fairly (with the standard on two other dimensions. First, the pred ligations do increase with each additional child, and they ir a decreasing rate. The increments for the second and th however, are smaller than those in the standard—5 and ? compared to the 8 and 4 percent increases in the standard the predicted obligations remain constant as a proportion c across most income levels for the noncustodial parent. Only per month income level do we find respondents suggestii statistically significant lower proportion of the father's ir awarded as child support.

The respondents do deviate from the premises underlying dard in two important respects. If the father remarries, res suggest a small (less than 2%) though statistically significant ı in predicted support obligations. Substantively, the reductior and does not appear to violate the assumption that child su debt that takes precedence over more recently established ob More important, the evidence suggests that respondents woul less to support obligations if the mother (custodial parent) married or had at least a moderate level of income ($1,500 pe Both findings may reflect a public belief that support obligatio be based, in part at least, on the child's financial needs. T those needs are met by the custodial parent, the smaller wou obligation imposed upon the absent parent. This would re departure from the strict income-sharing concept upon v standard is based.

The second column displays the results for the relatively sma of respondents who replied to the vignettes in terms of per In most cases, the direction of the coefficients is the same. significant departures are that, compared to those who a dollars, those who respond in a percentage metric establis support obligations and generally allocate a higher proporti absent parent's income the more that parent makes.[15]

Table 2 presents results from the forced-choice question format that examine factors respondents might feel should be taken into account when modifying support orders. There is considerable support for automatically modifying support obligations in response both to changes in the cost of living and to changes in a noncustodial father's income. Approximately three out of four respondents indicated support for automatic modifications of orders under these circumstances. On the other hand, there is much less support—only slightly more than one out of three—for automatically modifying orders (presumably downward) when the noncustodial parent remarries and starts a new family. The relatively small portion that favor automatic adjustment if the noncustodial father remarries is consistent with the vignette finding of only a very small-albeit statistically significant—adjustment respecting the appropriate support obligation in the event of remarriage.

These results conform, for the most part, to the premises underlying the proposed reform. The strong support for modifications when the noncustodial father's income changes and the much weaker support when that parent starts a new family are consistent with the reform. The former is clearly consistent with the income-sharing concept and the latter may be, suggesting that respondents accept the notion that financial obligations to children from prior relationships take priority over new responsibilities.

Whether support for automatically modifying obligations in light of changes in the cost of living is consistent with the standard is open to interpretation. Unfortunately, the survey did not ask whether respondents would prefer that awards be indexed to cost-of-living changes or to changes in noncustodial income. What is clear is the high level of support for automatic adjustment based on one index or the other.

Table 2

PERCENTAGE FAVORING AUTOMATIC ADJUSTMENT OF PATERNAL CHILD SUPPORT OBLIGATIONS IN RESPONSE TO CHANGES IN COST OF LIVING, INCOME, AND MARITAL STATUS

Situational Characteristics	Percentage	*N*
Change in		
Cost of living	74.3	947
Noncustodial father's income	73.6	949
Father remarries and starts a new family	36.5	941
Custodial mother's income	74.5	962

NOTE.—The first three items asked whether or not paternal child support obligations should be changed when each of the three types of changes occurred. The fourth item asked whether or not paternal child support obligations should depend on the mother's income

Finally, the strong support for basing support obligations upon the custodial mother's income is consistent with the vignette findings and suggests a serious difference between what most respondents believe is fair and the Wisconsin standard. This latter finding suggests that a sense of absolute need is operating here. Respondents may feel that meeting the financial needs of the child(ren) is the paramount concern, irrespective of which parent makes that contribution.

Perceptions of Immediate Income Withholding

Judgments about universal withholding involve balancing beliefs about the economic costs and benefits to be derived from enforced support collections against beliefs about individual privacy and the role of government. Therefore, support for this provision was expected to be conditional. It would depend, in part, on how many noncustodial parents missed payments in the absence of immediate income withholding; upon how effective withholding would be in collecting support obligations; and upon the effect such increased collections had on reducing welfare expenditures. In general, support for this provision of the reform was expected to be higher as the estimated proportion of parents who missed support payments increased. Similarly, more support was anticipated when the estimated effectiveness of this provision in both collecting support and reducing welfare increased.

In Table 3, we display the regression of support ratings on (1) the percentage of parents missing payments; (2) the amount of additional

Table 3

Judgments about Immediate Income Withholding as a Function of Missed Payments, Additional Support Collected, and Reduction in Welfare Costs

Dimensions and Values	Coefficient	SE
Constant	6 33	23
Percentage who miss payments:		
20	. . .	. . .
50	.05	.19
80	.54*	.19
Amount additional child support collected:		
None	. . .	. .
15%	.12	.26
30%	.18	.26
Reduction in welfare costs:		
None	. . .	. . .
10%	.70*	.20
20%	1.03*	.20
R^2	.03	
No. of vignettes	1,801	

* Coefficient is at least twice its standard error.

child support collected; and (3) the consequent reduction in welfare expenditures. The responses were recoded on a 10-point scale in which 1 = strongly oppose, 5 = weakly oppose, 6 = weakly favor, and 10 = strongly favor. The constant is 6.33 when no additional support is collected, there is no reduction in welfare costs, and only 20 percent of absent parents miss their support payments. This suggests modest support for universal withholding even under the most conservative set of hypothetical circumstances. Apparently, concerns about individual privacy and government intrusion do not offset the perception of income withholding as a desirable public policy.

Not surprisingly, the degree of support increases as the relative costs and benefits of withholding are modified to make the provision more attractive. Support for immediate withholding increases marginally though significantly when 80 percent of absent parents miss payments. (Based on a sample of court records in 20 Wisconsin counties, nearly 70% of obligors were at least 2 months delinquent in paying support within 3 years of the support order.) Reductions in welfare expenditures have a stronger effect. Reducing welfare expenditures by 10 percent significantly increases the magnitude of support; a reduction of 20 percent increases the degree of support by 16 percent. The one surprising finding is that no significant change in the degree of support for withholding is evidenced when the amount of support collected is varied, though the coefficients are in the expected direction. Respondents appear to be most sensitive to the effect that withholding might have on them personally as taxpayers.

Perceptions of the Assured Benefit

Whether or not respondents favored a publicly financed assured benefit is likely to depend upon its cost relative to current welfare expenditures and on its success in reducing welfare dependency. These expectations were incorporated in two vignette dimensions: (1) program costs relative to current welfare expenditures and (2) program effects on welfare utilization. It was expected that support for this provision of the reform would increase as the cost relative to current welfare expenditures decreased and as the number of people on welfare declined.

Table 4 displays the regression of support ratings on the dimensions. Again, the dependent variable is scaled from 1 (strongly oppose) to 10 (strongly favor). If welfare plus a publicly guaranteed child support payment would cost 20 percent more than the current welfare system and would reduce welfare dependency only 10 percent, the constant of nearly 7 indicates surprisingly strong support for this provision of the reform.

Support significantly increases if total costs do not increase or if they decrease. Reductions in welfare dependency also increase support,

Table 4

JUDGMENTS ABOUT THE ASSURED CHILD SUPPORT BENEFIT AS A FUNCTION OF COSTS AND WELFARE CASELOADS

Dimensions and Values	Coefficients	SE
Constant	6 78	.16
Cost of benefit plus welfare:		
20% above welfare alone	...	...
Same as welfare alone	1.03*	.18
20% below welfare alone	1.36*	.18
Reduction in no. on welfare		
10%	...	...
30%	.46*	.17
50%	.68*	18
R^2	.04	
No of vignettes	1,787	

* Coefficient is at least twice its standard error.

but the effects are smaller than the effects of reductions in costs. welfare dependency were halved and costs reduced by 20 percent, t estimated level of support for the guaranteed benefit would be 8. out of a possible 10.

Finally, the very low R^2 in both the immediate withholding and t assured benefit regressions—.035 and .04, respectively—indicate tl the proportion of variance explained by the independent variables quite low. This could be because support for or opposition to immedi withholding and the assured benefit is determined primarily by politi beliefs or attitudes that were not measured in the survey. On the oth hand, it is possible that many respondents found the vignettes t confusing to respond meaningfully. If the low R^2 is attributable missing variables, it is not problematic. That is, it does not provi grounds for placing less confidence in our results. If the low R^2 refle a confusing stimulus, however, it would be grounds for placing le confidence in our results. Unfortunately, with these data we cann distinguish between these two possibilities. Future research shoul (1) seek to improve on the vignettes, (2) include some attitudi variables, and (3) include direct forced-choice questions about supp or opposition to immediate withholding and the assured benefit.

Summary

To enhance the role of child support in reducing welfare dependen and to improve the economic well-being of children not living wi both liable parents, the state of Wisconsin has begun implementing new child support assurance system. Central to the reform are th

provisions: (1) to establish support obligations equal to a proportion of the obligator's gross income; (2) to withhold automatically support obligations from earnings and other forms of income in all applicable cases; and (3) to guarantee that all participating children receive no less than a socially assured child support benefit.

Public support for these provisions was examined using responses of a sample of Wisconsin citizens to a series of vignettes. Answers to these vignettes suggest that the public would generally agree to support obligations set in conformance with the PIAS approach. On average, respondents suggest awards somewhat higher than directed by the formula currently used in Wisconsin, except when the custodial mother both has substantial earnings and has remarried. Respondents also support the provision allowing awards to automatically vary with changes in the obligor's income, and most reject the notion of reducing awards when the obligor assumes new family obligations. In contrast to the Wisconsin standard, however, respondents consider the economic situation of the custodial parent. Finally, we found moderate public support for immediate income withholding and substantial public support for the guaranteed child support payment provisions of the reform. While such support for these provisions was forthcoming under the most conservative set of contextual circumstances, it increased significantly when considered in terms of either reduced public assistance expenditures or caseloads.

Notes

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1. The data presented in this paragraph and the following paragraph are found in U.S. Bureau of the Census, *Child Support and Alimony, 1983 (Suppl. Report)*, Current Population Reports, Series p-23, no. 148 (Washington, D.C.: Government Printing Office, October 1986).

2. Approximately 90 percent of custodial parents are female.

3. From Sheldon H. Danziger, Robert Haveman, and Robert Plotnick, "Antipoverty Policy: Effects on the Poor and the Nonpoor," in *Fighting Poverty: What Works and What Doesn't*, ed. Sheldon H. Danziger and Daniel H. Weinberg (Cambridge, Mass.: Harvard University Press, 1986), p. 56.

4. From Sheldon Danziger and Peter Gottschalk, "How Have Families with Children Been Faring?" (Discussion Paper no. 801-86, Institute for Research on Poverty, Madison, Wis., 1986), p. 6.

5. From House Committee on Ways and Means, *Background Material and Data on Programs within the Jurisdiction of the Committee on Ways and Means* (Washington, D.C.: Government Printing Office, 1984), pp. 305–8.

6. Isabel Sawhill, "Discrimination and Poverty among Women Who Head Families," *Signs* 2 (1976): 201–11.

7. For a detailed discussion of female-headed families, see Irwin Garfinkel and Sara McLanahan, *Single Mothers and Their Children: A New American Dilemma* (Washington, D.C.: Urban Institute, 1986).

8. Also see Daniel Patrick Moynihan, *Family and Nation* (San Diego, Calif.: Harc Brace Jovanovich, 1985).

9. Ibid., p. 47

10 An oversample of custodial and noncustodial parents is excluded from the ana presented here. Details of the sample are given in Maurice MacDonald, "Object Procedures, and Sampling Results for CHIPPS: The 1985 Wisconsin Survey of Child Incomes, and Program Participation" (Institute for Research on Poverty, Madi Wisconsin, 1986, unpublished manuscript).

11 For a fuller discussion of this technique, see Peter H. Rossi and Steven L. N eds., *Measuring Social Judgments: The Factorial Survey Approach* (Beverly Hills, Calif S 1982).

12. A sixth dimension varied whether the incomes listed in the vignette were spec as "before tax" or "after tax" income. Preliminary analysis indicated that there i significant difference between gross and net income. Therefore, that dimension dropped for this analysis.

13. The number of respondents is almost exactly one-third (for vignettes al suggested awards) or one-half (for immediate income withholding and the assu benefit) the number of vignettes. Inflating the SE or the *t*-value required to reject null hypothesis is an equivalent way of adjusting for this clustering of vignettes wi respondents, but the latter is simpler Multiplying 1.96 by .5 gives 3 39, by 2 5 g 2.79, but using these inflated *t*-values overcorrects for clustering The tables indi coefficients that are more than twice their SEs; using even these conservative infl *t*-values would have had little impact on the discussion. Four of the coefficients mai with an asterisk (*) in table 1 have *t*-values less than 3 39, but those *t*-values are all or greater. In tables 2 and 3, only one coefficient has a *t*-value below 2.79, its *t*-v is 2.71.

14. This does not suggest that the suggested award is the *only* award that a respon would consider fair.

15 A pooled model was estimated that tested whether the coefficients were significa different for those answering in dollars and those answering in percentages. All coeffici for father's income and the coefficient for mother's income of $1,500 per month v significantly different ($p <$ 01).

Services for Battered Women: The Public Policy Response

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The public policy response to wife abuse is examined through an analysis of federal legislation and a case study of one state's approach to the problem. Federal policy has been framed by a generic view of family violence, resulting in an emphasis on enhanced family functioning and the use of the criminal justice system to punish and protect family members engaged in abusive violence. In contrast, New York State has recently returned to a policy perspective that recognizes the unique features of wife abuse. This has led to the development of social services responsive to the special needs of battered women. Although battered women require legal protection, a well-coordinated social service response that enables women to become self-sufficient and independent is at least equally important.

Straus and Gelles recently estimated that over a million and a half women in the United States are the victims of spouse abuse each year.[1] The magnitude of this problem is reflected further in the substantial literature on its causes and solutions. Scholars have examined the historical background, societal attitudes, and the service needs of battered women.[2] What is missing is an analysis of the public policy response to spouse abuse, especially regarding the social service needs of battered women. The purpose of this article is to investigate the developing social service response to battered women through an analysis of federal legislation and a case study of one state's response to the problem.

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Approaches to understanding and responding to the problen spouse abuse reflect divergent perspectives. Davis has suggested violence against wives, reconceptualized in the 1970s as a major sc problem deeply rooted in sexism and the powerlessness of won has been transformed during the 1980s into an intrapersonal interpersonal problem in which violence is perceived as a way in wl men resolve problems created by dysfunctional family dynamics.[3] ' policy implications of these perspectives clearly differ. If the prob is rooted in sexism and women's powerlessness, policies shoulc specific to wife abuse and take into account the relationship betw spouse abuse, "power, control, gender stereotypes, [and] sex role Policies should empower women by providing financial assistance job training, short- and long-term affordable housing, as well as s portive counseling services to enable them to effectively utilize tl services. If the problem is rooted in dysfunctional family dynan generic family violence policies, which support functional family lationships, impose sanctions for using violence to resolve family conf and provide protection when such violence does occur, are appropria

There is little doubt that similarities among all forms of fai violence do exist that can appropriately guide the developmen some policies. For example, battered women, like abused child require legal protection from their abusers. Legislative bodies h responded to this need by developing orders of protection and crim statutes regarding spousal rape and assault. Additionally, they h delineated the duties of law enforcement officials for protecting spc abuse victims, and, more recently, for arresting the abusers. Since chief thrust of federal and state legislation has been toward protec legal remedies, legal recourse, a vital first step in responding to abuse, is now generally available in all states.[6]

Less well developed has been a comprehensive and coordina social service response that recognizes the unique features of abuse. We believe that a continuum of services specifically desig to enable battered women to choose whether or not to stay with tl abusers is at least as important as legal protection. However, pu policies that focus on the specific needs of abused women are m controversial and, as a result, less likely to obtain widespread polit support.

In the following pages we trace the development of policies at federal level and in New York State in order to demonstrate the differ paths that each have taken in their response to the problem. Focus first on federal policy, we analyze how initial domestic violence pol developed during the Carter administration, was responsive to specific and complex needs of battered women. This initial appro quickly gave way during the Reagan administration to a generic far violence policy that removed the problem from its social and econo

roots and emphasized, instead, short-term, emergency solutions. Focusing on New York State, we analyze how, in its search for a stable funding base for programs for battered women, the state temporarily detoured to a more generic conceptualization of family violence. When this proved inadequate to address the needs of battered women, New York returned to develop policies specific to wife abuse that for the first time took into account the longer-term need for housing. Throughout we focus on the adequacy of these policies in addressing the unique features of wife abuse.

The Federal Response: The Background

Two major federal reports on spouse abuse, appearing within 2½ years of each other, exemplify the two divergent perspectives on the problem of wife abuse as the Carter administration gave way to the Reagan administration. The first, published by the U.S. Commission on Civil Rights in January 1982, dealt uniquely with battered women.[7] The second, the *Final Report* of the Attorney General's Task Force on Family Violence, published in September 1984, dealt with all forms of violence in the family.[8]

U.S. Commission on Civil Rights Report

Although published during the Reagan administration, the major part of the work for this report was completed during the Carter administration. The report's central thrust was to assess "the major needs of battered women and of organizations that serve them and to assess the adequacy and relevance of Federal support for needed services."[9] By focusing exclusively on battered women, the commission was able to highlight both their legal and social service needs. The commission identified six major areas of nonlegal service need (housing, financial assistance, social services, mental health, health, and employment and training) and 19 federal programs (ranging from Aid to Families with Dependent Children [AFDC] to the Federal Surplus Personal Property Donations Program) that directly related to these service needs.

Following its analysis of service needs and existing programs, the commission recommended a number of initiatives to fill the gaps in services. Among its central recommendations were that the federal government (1) provide 100 percent funding to develop statewide and local comprehensive service plans for battered women; (2) provide time-limited funds for staff to create community-based service networks; (3) designate a federal agency to oversee all federal spouse abuse activity; (4) mandate universal eligibility of all abused spouses for federal services, irrespective of income; (5) provide funds to train diverse human service personnel; and (6) provide technical assistance.

By the time the report appeared, steps had already been takei address some of the commission's recommendations. In 1979, Secretary of Health, Education, and Welfare (HEW, now Health ; Human Services) had established the Office on Domestic Viole within Health and Human Services to serve as a central forum policy development, planning, and coordination of activities rela to domestic violence. (In 1981 its staff and functions were transfer to the National Center on Child Abuse and Neglect, one indicat of the Reagan administration's generic approach to the proble Further action required federal spouse abuse legislation. Such legislat initially introduced in 1978, had successfully passed both house: Congress, but a joint conference report was withdrawn in the Ser following the 1980 presidential election.

Attorney General's Task Force on Family Violence

The second report, a product of the Reagan administration, too generic approach to family violence. Additionally, it reflected the c servative political philosophy of the new administration by emphasiz the responsibilities of the public, private, and voluntary state and lc sectors, with little acknowledgment of the importance of federal l islation, funding incentives, or administrative oversight. At more su levels, the report clearly demarcated the proper roles of the vari levels of government as well as the limitations of any governmei body to affect family life. The problem itself was redefined—froi social problem with responsibility residing in Health and Human Serv to a criminal one with responsibility residing in the Justice Departm And finally, there was a definite profamily orientation to the rep The report opened with a quote from President Reagan: "Fami stand at the center of society; . . . building our future must begin preserving family values."[10]

Taking a more generic and constrained approach, the Attori General's Task Force on Family Violence recommended that fede incentive funds be provided to the states for three purposes only train criminal justice personnel; to conduct family violence prevent and awareness campaigns; and to help maintain shelters. Federal hous policies were to be changed to give priority to family violence victi The Justice Department was to develop a National Family Violei Resource Center to serve as a resource on the current state of reseai model service programs, and prevention and intervention meth and as the coordinator of all federally funded research on fan violence. Finally, the report recommended increasing the federal inco tax deduction for dependents to relieve family pressures.

Reflecting the shift toward increased state and local responsibil the report allocated the central planning and implementation role: state and local governments. The states were to establish coordinat

councils to assess the needs of family violence victims and to coordinate federal and state funds for family violence victim assistance programs; to include family violence victims as beneficiaries under state victim-compensation programs; to develop creative funding sources for victim support programs; and to join with private organizations in sponsoring 24-hour toll-free hotlines for victims.

Communities were to be responsible for developing a network of services in cooperation with the voluntary and private sectors. In addition, the need for local education campaigns was emphasized. For example, hospitals and health facilities were to work cooperatively with self-help groups to offer instruction and information on family violence, and schools were to include family violence prevention curricula for all children.

The Federal Legislative Response

Federal legislation on family violence was crafted against the background of these two reports from the federal government reflecting differing perspectives on battered women. The first federal legislation specifically directed at services to victims of spouse abuse, entitled the Domestic Violence Prevention and Services Act, was introduced in 1978 by Representative Barbara Mikulski of Maryland. It was not enacted until 1984. In a discussion of the legislation (and its Senate companion bill), the Commission on Civil Rights observed that "although the legislative language does not explicitly indicate that the clear intent of both bills is to provide primary assistance to adult female victims of domestic violence and (where the circumstances apply) to their children, this intent is made clear in the introduction to S. 1843 and in various stages of debate on the passage of H.R. 2977."[11]

When the legislation was finally passed, its appearances suggested less clarity as to its intent to serve, primarily, battered women. Instead, there was evidence of a shift to a more generic conceptualization of the problem. The bill had, for example, been retitled the Family Violence Prevention and Services Act and was subsumed under the Child Abuse Prevention and Treatment Act Amendments of 1984. A National Clearinghouse on Prevention of Family Violence was to be established that was to include elder abuse and be coordinated with the National Center on Child Abuse and Neglect. And, family violence was defined generically as "any act or threatened act of violence . . . which (a) results or threatens to result in physical injury; and (b) is committed by a person against another individual (including an elderly person) to whom such a person is or was related by blood or marriage or otherwise legally related or with whom such person is or was lawfully residing."[12]

The reports of the U.S. Commission on Civil Rights and the Surgeon General's Workshop on Violence and Public Health based their policy

recommendations on the unique features of wife abuse.[13] Both gave special attention to the economic and psychological dependence experienced by battered women. Their recommendations included the empowerment of women based on the expansion of social and economic opportunities for women and redressing inequalities through pay equity, enforcement of child support orders, adequate and low-cost housing, child care, and job training opportunities. The Family Violence Prevention and Services Act, by taking a more generic view, failed to address these issues. Nonetheless, the passage of the act represented federal recognition of the existence of family violence and the necessity to develop social service interventions.

The Provisions of the Family Violence Prevention and Services Act

The act has two stated purposes: "(1) to demonstrate the effectiveness of assisting states in efforts to prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents; and (2) to provide for technical assistance and training relating to family violence programs to States, local public agencies (including law enforcement agencies), nonprofit private organizations, and other persons seeking such assistance."[14]

To address its first purpose, the act provides funds to states for demonstration grants to be awarded to local public and nonprofit private organizations. States are to give special emphasis to "community-based projects of demonstrated effectiveness carried out by non-profit organizations, particularly those projects the primary purpose of which is to operate shelters . . . and those which provide counseling, alcohol and drug abuse treatment, and self-help services to abusers and victims."[15] Congressional intent for the bulk of the money was clear; not less than 85 percent is to be allocated for prevention and shelter and related services for victims of family violence and their dependents.[16] Further, not less than 60 percent of these funds is to be used for immediate shelter and related assistance. Funding is limited to $50,000 per program yearly and is conditioned on local matching funds of 35 percent the first year, 55 percent the second, and 65 percent the third.

The act authorizes the provision of temporary shelter and "related assistance" including counseling, food, clothing, child care, transportation, and emergency services. It excludes direct payments to the victims and their dependents. Furthermore, the act does not provide for the concrete services that would enable the victims and their dependents to leave abusive relationships on other than a short-term basis. These services must be obtained through the existing social welfare programs such as AFDC and Medicaid or through independent means.

Addressing the needs of victims of family violence was envisioned as a primary responsibility for the voluntary sector and not a public

responsibility. Priority was given to programs operated by nonprofit organizations and increasing levels of private funds were required for agency operations. The states' responsibilities were primarily to serve as brokers for allocating federal funds and secondarily to design procedures assuring confidentiality of both the clients served and the location of shelters. Strikingly absent was the state's role as planner and coordinator of services, a central function initially envisioned by the Commission on Civil Rights.

To fulfill its second objective, the act provides grants and contracts for training local and state law enforcement personnel. Noticeably absent was attention to training needs of other service personnel. Amendments to the act, passed by the House in 1987 and currently pending in the Senate, would broaden the scope of training while retaining authority for training in the hands of the local law enforcement agencies. The amendments permit grants to be awarded to "local law enforcement agencies, acting in coordination with local social service agencies and hospitals" for the training of diverse personnel.[17] Consistent with this law enforcement emphasis, the attorney general, rather than the secretary of Health and Human Services, was given central responsibility.

Finally, the act establishes a National Clearinghouse on Family Violence Prevention, which is to include information on elder abuse and be coordinated with the information clearinghouse operated by the National Center on Child Abuse and Neglect.

Although the Family Violence Prevention and Services Act publicly recognized society's need to address family violence, the interventions are restricted primarily to the emergency and short-term needs of victims and their dependents. Although temporary shelter is a necessity, the provision of temporary shelter alone without the availability of more long-term social services is predicated on the assumption that spouse abuse is a short-term problem that will correct itself once the couple has had time away from one another and, perhaps, the husband has been punished by the courts. Furthermore, by taking a generic approach to family violence, the act fails to address the need for many women to return to abusive situations because of economic dependency.[18] The central concern with the federal legislation is its failure to allocate sufficient funds for services to enable battered women to become self-sufficient. The budget cutbacks under the Reagan administration have further compromised even the provision of temporary shelters.

The Development of Local Services

When spouse abuse was first recognized as a significant social problem, localities could draw on a number of federal programs to provide the needed funds and resources. In the first national study of services for

battered women conducted in 1978, Roberts found that 65 pert of the responding programs had staff funded through the fed Comprehensive Employment and Training Act (CETA).[19] CETA only provided staff for the agencies themselves but also provided ployment for the battered women, some of whom were funde work in shelters. About 10 percent of the programs also used fu from the Law Enforcement Assistance Act (LEAA).

The 1981–82 federal budget cuts seriously curtailed service battered women. A nationwide comparison of funding patterns service delivery in 1981 and 1982 revealed service cutbacks in percent of the 665 programs that responded.[20] Among the first t eliminated were CETA programs that subsidized workers in nonp organizations. LEAA was dismantled in 1980 and the funding it provided for programs for battered women ceased completely by tober 1982. The Office on Domestic Violence, created in 1979, closed in January 1981 and with it the domestic violence moven lost an important federal lobby.[21] Other federal budget cuts, espec public assistance, food stamps, and subsidized housing, more dire affected battered women. Local programs continued to serve batte women through increased state and local funding streams. Altho almost half of the respondents reported that they had received incre funding from state or local governments, only 16 percent were to compensate fully for the federal losses. The message was becon apparent. If services were to be effectively delivered, policy developn had to occur at the state level.

The Case of New York State

We selected New York to illustrate one model of state response to abuse because of the state's relatively long history in dealing with iss of spouse abuse, the broad scope of its response, and the strengt its public voice in stimulating a statewide response. Additionally, N York is not one of the most progressive or innovative states in response to spouse abuse. Rather, it represents a concerned but mode approach to dealing with the problem.

The Background

As has been the case throughout the nation, grassroots organizati consisting of feminists, formerly battered women, and commu activists began the movement against spouse abuse in New York St Activity started in the early 1970s when a telephone hotline was tablished for victims of rape and sexual assault. A significant port of its callers were battered women who faced legal and social ser systems that were inadequate to address their needs. Demands

institutional reforms led to the establishment of local coalitions against domestic violence that advocated increased protection and safety for battered women.[22]

The watershed year in New York State's official response to battered women was 1977. Two major legal actions resulted from joint legislative hearings on "The Battered Spouse: Has the System Failed?" The first modified the court jurisdiction of spouse abuse cases by giving battered women the option of choosing whether to bring charges in criminal or family court. (Previously, wife abuse cases were automatically under the jurisdiction of the family court whose purpose was family reconciliation.) The second gave the state Department of Social Services (DSS) authority to approve "special care homes" as shelters for victims of spouse abuse and their children.[23] The legislature also appropriated special funds to support the creation of shelters and safe-home networks, other services, and research projects. Finally, a legislative report recommended that services to battered women be eligible for Title XX funds.[24] Beginning in fiscal year 1978/79, DSS positively responded to this recommendation (4 years before the U.S. Commission on Civil Rights made this recommendation).

In the 1978–79 fiscal year, the state legislature again appropriated funds for shelters.[25] The DSS emerged as the central agency to administer these state funds for battered women's shelters and services. In 1978, the grassroots organizations joined to form the New York State Coalition against Domestic Violence to function as both an advocacy group and a source of technical assistance to programs. And, in 1979, Governor Hugh L. Carey established the Governor's Task Force on Domestic Violence, whose purpose was "to advise the Governor and Legislature as to the most effective ways for state government to respond to the critical law enforcement and social problems posed by domestic violence."[26] By 1979, therefore, the major structures that would influence policy and administer state programs were in place.

Additionally, two trends were emerging in the official state response. First, although domestic violence was generically defined to include all forms of family violence, initial attention was given to wife abuse. Second, major efforts would be directed at reforming the legal system's response to battered women and developing a network of emergency shelters. Of 21 recommendations presented in the first report of the Governor's Task Force in 1980, only three dealt directly with services for battered women: the establishment of a 24-hour domestic violence hotline, the development of long-term methods for funding shelters, and a guarantee that all members of families experiencing domestic violence be "categorically eligible" for such state services as public assistance, shelters, and medical services.[27]

Two years later, a 24-hour hotline had been opened and two bills were pending in the state legislature to provide stable funding for

shelters and services.[28] One bill proposed funding local spouse . services through a marriage surcharge; the other proposed fu all forms of family violence prevention and services through a Ch and Family Trust Fund.

At the same time, however, federal cutbacks increased the s burden for funding spouse abuse services. Although New Yor permitted counties to use Title XX funds for domestic violence se since 1978, few had done so because of the limited funding avai With the loss to the state of about $20 million in Title XX funds, XX became an even less viable source. Furthermore, Congress passed the federal Domestic Violence Prevention and Service which the state had anticipated as a significant funding sour response, the state legislature continued to appropriate special to be used by DSS to maintain existing shelters and create prog for children and batterers.[29]

In 1983, the Governor's Commission on Domestic Violence, a permanent governmental unit within the executive branch, super the Task Force on Domestic Violence. Although the newly fo Commission was in many ways an extension of the former Task I two trends were noteworthy. One was a broader perspective o service needs of battered women. Of the 11 recommendations by the Commission in 1986, five were concerned with these s needs.[30] They addressed the state's response to the federal cut affecting services to battered women, the long-term housing nee battered women, the special needs of rural victims, developme programs for batterers, and development of employee-assistanc grams to respond to employed battered women. The second w increased emphasis on other forms of family violence, specifically sexual abuse and elder abuse.

Children and Family Trust Fund

The Commission's most important contribution in the area of services was to secure funding for family violence services thr passage of the Children and Family Trust Fund Act in 1984. A sep fund to which private contributions and federal matching fund be added, the trust fund was designed as a new source of fundir prevention and treatment services to victims of family violence trust fund paralleled the federal act's generic approach to wife a by defining family violence as "any crime or violation, as defin the penal law, which has been alleged to have been committed b family or household member against any member of the same f or household."[31] Furthermore, it included abused elders as w abused spouses in its definition of domestic violence victims.

Operated by DSS, the trust fund awards grants to public and volu agencies to support three types of social service programs: (1) pri

prevention programs to strengthen family functioning; (2) secondary prevention programs to address early signs of family violence through supportive services, temporary shelter, and in-home services; and (3) "programs which provide services to victims of family violence, such as establishing temporary shelters and other emergency services; programs which provide or facilitate counseling, or other appropriate follow-up services to victims and their family or household members; and any other program deemed helpful in the treatment of victims of family violence."[32] Funds are distributed among local child abuse prevention programs (40%), local domestic violence prevention or service programs (40%), and regional or statewide family violence prevention programs (20%). Priority is given to programs combining child abuse and domestic violence prevention, another example of the emphasis on the generic conceptualization of the problem.

As in the federal act, the trust fund gives priority to programs with demonstrated effectiveness. Additional priorities include coordination with established community programs, future financial self-sufficiency, innovative programming, and services to minority populations. The trust fund establishes an overall limit of 4 years for funding in contrast to the 3-year maximum established by the federal act. Agencies are expected to contribute an increasing amount to the program. The provision for these additional funds is generous, however, allowing agencies to receive a maximum of 100 percent funding for the first 2 years, 75 percent for the third year, and 50 percent for the fourth year.[33]

The trust fund provides a somewhat more stable funding base and allows innovative programs without records of demonstrated effectiveness to compete for funding. This is particularly appropriate in the area of wife abuse where nontraditional, grassroots organizations have been heavily involved in developing and implementing programs. However, as with the federal act, the trust fund's use of yearly funding cycles creates organizational hardships for smaller agencies with limited staff and for nontraditional agencies that may lack expertise in grant writing. Additionally, the focus is on primary and secondary prevention of family violence. Although an important area of service, this focus on prevention does not attend to either the pressing needs of battered women for emergency shelter and related assistance or the need for transitional and long-term services.

Domestic Violence Program

The state Department of Social Services is the agency responsible for meeting the emergency shelter needs of battered women and their children. In fiscal year 1978/79, DSS began the Domestic Violence Program that initially funded shelter services to victims of spouse abuse and their children.[34] As programs developed, DSS redirected

priorities toward children's programs, programs for batterers, and such nonresidential services as counseling and advocacy. However, with the enactment in 1984 of the Children and Family Trust Fund and the federal Family Violence Prevention and Services Act, DSS has refocused the Domestic Violence Program toward developing emergency shelters and transitional housing for abused spouses, particularly in underserved areas.

The Domestic Violence Program funds start-up costs for preventive, protective, and rehabilitative programs promoting self-sufficiency and independence in battered women. Although local matching funds are not initially required, the program has a 3-year decreasing-match formula going from 100 percent state funding in year one to 30 percent in year 3. Because the funds are only for demonstration programs and require an increasing level of program self-sufficiency, service agencies experience problems in maintaining ongoing services.

Emergency Shelters and Public Assistance

The DSS reimburses emergency shelters for services to abused women and their children primarily through AFDC and Emergency Assistance to Needy Families (EAF).[35] A federal companion to AFDC created in 1968, EAF is intended to assist families in specified crisis situations and is subject to the same federal (and state) reimbursement rates as AFDC. The federal government reimburses New York State for 50 percent of the costs of assisting needy families. In New York, the remaining 50 percent is shared equally by state and local government

The DSS uses EAF and AFDC funds to reimburse shelters for their operating costs on a per diem amount negotiated between county governments and the individual shelter providers. Payment to the shelter is based on client eligibility for public assistance, and the per diem rates are higher for battered women's shelters than for general-population homeless shelters. For example, in one county, the rate is $15 per day for a general shelter and $30 per day for a battered women's shelter. Reliance on per diem reimbursement contributes to an unstable funding base and fiscal vulnerability for some shelters.

Funds from EAF and AFDC are not available for the development of emergency shelter facilities or transitional housing. Responding to this need, New York enacted in 1983 the Homeless Housing and Assistance Program, establishing a special fund to provide grants, loans, or loan guarantees to nonprofit, voluntary organizations or public corporations and municipalities to "expand and improve the supply of shelter and other housing arrangements for homeless persons."[36] Funds may be used for construction or rehabilitation of housing as well as such services as dining, recreation, social, medical, and mental health services. Although designed to promote the development of permanent housing for the homeless, proposals to develop or expand

emergency and transitional shelters also are considered, and programs to house spouse abuse victims are eligible for these funds.

Permanent Funding for Spouse Abuse Programs

Within a relatively short time period, the Children and Family Trust Fund, with its diverse mission, was recognized as inadequate to fund services for spouse abuse victims. As a result, the State Coalition against Domestic Violence and others lobbied for state funds that would be dedicated exclusively to battered women. Such legislation, entitled the Domestic Violence Prevention Act, was passed in the 1987–88 legislative session.[37] Although the act, which provides a permanent funding mechanism for domestic violence programs, defines a domestic violence victim as any adult abused by a family member, the intent is to serve battered women. For example, the new legislation mandates that victims of domestic violence be provided with emergency shelter and services in residential programs designed specifically to serve this population, that is, battered women's shelters, precluding victims' placement in generic emergency shelters for homeless persons.

In recognition of shelters' need for reimbursement for all persons served, regardless of their public assistance eligibility, the act authorizes DSS to reimburse shelters and safe-home programs for the cost of providing care to persons not eligible for public assistance. Further, DSS is authorized to award grants to residential and nonresidential programs for the start-up of services (especially in underserved areas), the expansion of services, community education, and the provision of transitional services. The specific mention of transitional services reflects the first official recognition of this emerging and vital service need.

Discussion and Conclusions

A number of services are essential if abused women are to break the dependency that too frequently keeps them in abusive relationships. These services were enumerated in the report of the U.S. Commission on Civil Rights. Housing for battered women and their children, supportive counseling, financial support, job training, employment, and child care are but a few of the services needed. Although there have been significant developments in the perception of the best way to stop men from battering women, most notably mandated arrest and treatment, services are still crucial in efforts to enable women to choose whether or not to stay with men who abuse them.

Generic Conceptualizations

As demonstrated by the passage of both the federal Family Prevention and Services Act and New York State's Children and Family Trust Fund, generic conceptualizations of family violence are politically more

viable in securing funding than are conceptualizations focused exclusively on wife abuse. However, as has been demonstrated in New York, this approach has not been sufficient to meet the shelter and service needs of battered women. Permanent funding targeted at spouse abuse has been necessary to insure the availability of emergency shelters and to begin to address the need for transitional services.

The importance of shelter services specifically designed for battered women has been most recently highlighted by the growing need for shelter services by the homeless population. New York State's recent legislation that mandates counties to provide access to specialized domestic violence shelters and to establish stable funding to support these services was stimulated in part by the concern that the unique needs of battered women may be lost among those of the homeless population. In part, the credit for insisting that the state respond to the distinctive needs of battered women rests with the active and vocal grassroots organizations that have effectively lobbied through the State Coalition against Domestic Violence.

Accessibility of Shelter Services

An analysis of federal and New York State legislation indicates that both levels of government have given central attention to making emergency housing accessible to battered women and their children. In New York this commitment has been demonstrated by the priority given to the development of emergency housing services in underserved areas, its recent mandate that counties provide access to specialized residential services to battered women, and its willingness to reimburse shelter costs for clients who are ineligible for public assistance. Transitional housing has only recently been recognized as an essential service, and the level of state commitment to it remains unclear.

Funding

The importance of shelter services is also reflected in the commitment of both federal and state funds to the development and maintenance of these programs. Although a survey of funding patterns for domestic violence services in 32 states reveals tremendous variability in how states fund programs, almost all rely on a mix of federal and state sources.[38] New York, for example, uses three federal sources: AFDC and EAF for per diem reimbursement of clients to fund operating costs and the newly available Family Violence Prevention and Services Act for start-up costs of new shelter programs. Two major state sources also are used: the Child and Family Trust Fund for start-up of new residential and nonresidential programs and the Domestic Violence Program for start-up and expansion of shelters. Although only three other states use EAF funds, a majority of the states draw on the federal

Family Violence Prevention Act and the Victims of Crime Act. One of the most important developments in many other states has been innovative state funding of battered women's shelters through a marriage, or sometimes a divorce, surcharge.[39] Additionally, in contrast to New York, most other states appropriate funds for operational rather than start-up costs and contract for programmatic services from providers instead of relying on per diem reimbursement.

Accountability and Authority

The nonprofit voluntary sector clearly has been established as the preferred provider of services to battered women with the New York State agencies serving primarily as the fiscal intermediaries. Unlike the area of child welfare, particularly child protection, and increasingly protective services for the elderly, state government has not assumed a service provider role in work with battered women. Rather, the state has chosen to facilitate the development and ongoing stability of emergency shelter programs operated under nonprofit, private auspices. Complex issues arise in this arrangement—issues of programmatic accountability and quality control.

The state government's direction is one of increasing control over the availability and the quality of emergency shelter services and, more recently, transitional housing and related support services. Although DSS rules and regulations help to assure minimum standards in housing and services, the increasing levels of bureaucratic complexity reduce the potential for program innovation. Furthermore, the grassroots organizations responsible for the initial establishment of many battered women's shelters may experience serious conflicts as they confront New York State's demands that professional services such as therapy and marital counseling be provided, either in the shelter itself or through contractual arrangements with other agencies. Many may find their political commitments and beliefs about how and what services should be provided at odds with the ongoing realities of operating and maintaining quality shelters and services. For example, many grassroots organizations strongly oppose marital counseling, believing that it places battered women in serious danger, blames women for their victimization, and conflicts with the empowerment of battered women. There is also strong distrust of traditional counseling agencies and professional counselors because of the long history of blaming women for their abuse. Providing the range of required professional services, therefore, is likely to encounter opposition from many of those most strongly committed to providing services for battered women.

While New York's use of per diem funding enables DSS to maximize the federal dollars available through AFDC and EAF, it also contributes to precarious financial viability of the programs. Per diem funding

has another drawback: since the state funds clients and not progran
the state has not developed its role in setting standards for progran
Although some fiscal accountability has been built into funding awar
DSS has only recently been mandated to establish program standard

Future Issues

Although both federal and state government have acknowledged th
need to provide emergency housing for abused women, the pressir
policy issue is the extent to which they are willing to provide suppo
for longer-term services. If women are not to be forced to return
their batterers after their shelter stay, longer-term housing optio
and appropriate services must be available. New York State only recent
has recognized the importance of transitional services for batter
women and the state's level of commitment is unclear. Given th
pressing need for transitional services for a variety of population
including the mentally ill and the chronic alcoholics who are appearir
in the homeless population, the state may be forced to establish prioriti
among these groups. This problem is compounded by the tremendou
nationwide shortage of low-cost housing, particularly for families.

Further, the current division of responsibility among the three leve
of government, although allowing for responsiveness to local condition
contributes to inequities across the nation and even within states. Th
availability and quality of services depend on the county in which th
battered woman resides. Thus access to service is a geographic issu
These inequities will need to be addressed if battered women are t
be assured services.

The current legislation, although it may facilitate breaking the ps
chological dependency of women on their husbands, does nothing t
break their economic dependency. At both the federal and state level
abused women have been provided with in-kind benefits and service
no allocations have been made for the direct financial assistance (
the victims. Women must be financially independent or, if they hav
children, they may turn to AFDC, the most stigmatized public welfar
program. Battered women need job training and employment op
portunities if they are to escape this bleak future.

Conclusion

The federal and New York State governments have taken differen
paths in their approaches to the problem of spouse abuse. Federa
policy has increasingly focused on the generic aspects of family violence
emphasizing ways to enhance family functioning and the use of th
criminal justice system to protect and punish family members engage
in abusive violence. Strikingly absent in the most recent federal legislatio
is support for services to empower women to become self-sufficient

ı fact, the implicit message of the federal legislation is that women eed only be temporarily protected from violent men. New York State, n the other hand, while temporarily detouring to a generic family iolence funding mechanism, has recently returned to a perspective ıat recognizes the unique service needs of battered women. Furıermore, the state's recent acknowledgment of the need for transitional ousing for battered women is an important, albeit small, step toward acilitating independence for this group of women.

Until now, grassroots organizations have been almost alone in adocating a public policy for battered women. Frequently they have een the professional social service sector as an adversary rather than sympathetic partner. One reason for this has been the failure of the rofessional sector to demonstrate its commitment to the continuum f services needed to empower battered women to break the cycle of iolence. With the increasing demand by funding agents for prorammatic accountability and professionalization of services, now is n ideal time for working alliances to develop between the professional ocial work and the grassroots sectors. Social workers can reach out o already established programs to help those programs develop, provide, nd evaluate social work intervention models for battered women. For uch alliances to prove effective, however, the professionals need to ook beyond the clinical framework that has dominated treatment nodels for batterers and couples to a framework that psychologically mpowers women while simultaneously assuring them the resources, uch as jobs, housing, and child care, necessary to become economically ndependent. Without an alliance between the professional sector and he grassroots organizations that are committed to the continuum of ervices needed to meet the specific needs of battered women, it is nlikely that the needs of battered women will be consistently recognized nd funded in the ongoing competition with other needy groups.

Notes

1 Murray A. Straus and Richard J. Gelles, "Societal Change and Change in Family Violence from 1975 to 1985 as Revealed by Two National Surveys," *Journal of Marriage and the Family* 48 (August 1986) 465–79.

2 See, e g , Bonnie E. Carlson, "Causes and Maintenance of Domestic Violence An Ecological Analysis," *Social Service Review* 58 (December 1984): 569–87, Liane V Davis, "Beliefs of Service Providers about Abused Women and Abusing Men," *Social Work* 29 (May–June 1984). 243–51, R. Emerson Dobash and Russell Dobash, *Violence against Wives A Case against the Patriarchy* (New York· Free Press, 1979); John G Higgins, "Social Services for Abused Wives," *Social Casework* 59 (May 1978): 266–71, Claudette McShane, "Community Services for Battered Women," *Social Work* 24 (January 1979). 34–38; Murray A. Straus and Gerald T. Hotaling, eds., *The Social Causes of Husband-Wife Violence* (Minneapolis: University of Minnesota Press, 1980).

3. Liane V. Davis, "Battered Women· The Transformation of a Social Problem," *Social Work* 32 (July–August 1987). 306–11

4. "Surgeon General's Workshop on Violence: Recommendations on Spouse Abuse,"

Response to Violence in the Family and Sexual Assault: Journal of the Center for Women Policy Studies 9 (1986): 19.

5 For a generic analysis of family violence from a social work perspective, see, e.g., Barbara Star, "Patterns in Family Violence," *Social Casework* 61 (June 1980): 339–46.

6. Lisa Lerman, "A Model State Act: Remedies for Domestic Abuse," *Harvard Journal on Legislation* 21 (Winter 1984): 62–63.

7. U.S. Commission on Civil Rights, *The Federal Response to Domestic Violence* (Washington, D.C.: Government Printing Office, 1982).

8. Attorney General's Task Force on Family Violence, *Final Report Family Violence in America* (Washington, D.C.: Government Printing Office, 1984).

9. U.S. Commission on Civil Rights, p vi.

10. Attorney General's Task Force on Family Violence, p. ii.

11. U.S. Commission on Civil Rights, p. 168.

12 Family Violence Prevention and Services Act, 1984, Title III, sec. 309, Pub. L 98-457, 98 stat. 1762.

13. U.S. Commission on Civil Rights; "Surgeon General's Workshop on Violence"

14. Family Violence Prevention and Services Act, 1984, Title III, sec. 302, Pub L 98-457, 98 stat. 1757

15 Family Violence Prevention and Services Act, 1984, Title III, sec 303, Pub L 98-457, 98 stat. 1757–58

16. The total amount authorized was $11 million for fiscal year 1985 and $26 million for 1986 and 1987 A pending 1987 amendment extends the act until 1992 but decreases the appropriation to $15 million for fiscal year 1988, with funds for future years to be subsequently determined

17. *Congressional Record*, V.133, No 92, June 8, 1987; and telephone conversation with an aide to Senator Alfonse D'Amato on September 18, 1987.

18 See Debra Kalmuss and Murray A. Straus, "Wife's Marital Dependency and Wife Abuse," *Journal of Marriage and the Family* 44 (May 1982): 277–86, for empirical verification of the relationship between economic dependency and wife abuse.

19 Albert R Roberts, *Sheltering Battered Women A National Study and Service Guide* (New York: Springer, 1981)

20 "Federal Budget Cuts Jeopardize Domestic Violence Programs A National Survey Report," *Response to Violence in the Family and Sexual Assault. Journal of the Center for Women Policy Studies* 6 (May–June 1983) 1–4 ff.

21. Ibid

22 New York State Governor's Commission on Domestic Violence, *First Report to the Governor and the Legislature*, Albany, N.Y , September 1986.

23 New York Social Services Law (1977), chap. 449

24 New York Social Services Law (1977), chap. 450.

25. The appropriation was intended as a 10 percent match to federal funds, which were anticipated after the passage of the pending Domestic Violence Prevention and Services Act.

26. Executive Order No. 90, State of New York, May 17, 1979

27. Governor's Task Force on Domestic Violence, *Domestic Violence Report to the Governor and the Legislature*, Albany, N Y., February 1980

28. Governor's Task Force on Domestic Violence, *Domestic Violence: Second Report to the Governor and the Legislature*, Albany, N Y , November 1982.

29 In fiscal year 1982/83, the appropriation was $1 million

30 New York State Governor's Commission on Domestic Violence, First Report

31. New York Social Services Law (1987) sec 481.

32. Ibid , p. 7

33. In fiscal year 1985/86, the trust fund granted $2.24 million to 47 programs Programs dealing with spouse abuse received 29 percent of the funds. In 1986, the state began to receive federal funds from the Family Violence Prevention and Services Act. Using the same proposals received for the trust fund, DSS allocated its $470,000 in federal funds to 11 battered women's shelters

34. The initial appropriations of the program were $400,000. Since 1982, the annual appropriations for this program have been about $1 million

35 For individuals and families who are not eligible for EAF or AFDC, New York

e provides assistance through a general assistance program, Emergency Home Relief.
6. New York Social Services Law (1987) sec. 481
7 State of New York Assembly, June 26, 1987, Domestic Violence Prevention Act, 8446
8 New York State Department of Social Services, "Domestic Violence Service and ıding Initiatives in Other States" (Albany, New York, 1987, unpublished report)
9 Lerman (n. 6 above), p. 65.

Crime Victim and Offender Mediation as a Social Work Strategy

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Juvenile offenders and their victims are brought together to discuss the offense victimization and to negotiate a mutually satisfactory restitution plan One hundred sixty-five offenders participated in the first 2 years. One hundred sixty-two victims were involved in the offenses and 54 percent (87) decided to meet their offenders One hundred twenty-eight agreements were negotiated involving 99 offenders and 84 victims Seventy-nine percent of the agreements were successfully closed Crime victim and offender mediation will be useful for social workers, mediation provides an opportunity for both victims and offenders to participate actively in decision making and challenge stereotypes through a process of communication From a policy perspective the practice provides a mechanism to respond to victim interest in participating in the justice system and provides a dispute settlement procedure to replace other responses to property offenders A growing body of research indicates that mediation is feasible and acceptable to both victims and the general public and that the public supports replacing prison and jail with restitution, community service and mediation as a response to property offenders

Mediation is being used by social workers as a conflict reduction strategy in a number of settings.[1] Mediation has gained acceptance as a strategy for resolving child custody and property settlement questions in divorce.[2] A few well-documented reports have discussed the use of mediation, usually in conjunction with other types of social services, as an aid in resolving disputes between parents and adolescents who have committed status offenses.[3] Mediation has been used as a strategy for dealing

Social Service Review (December 1988)

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with domestic violence between spouses or partners but has been dealt a severe blow by research suggesting that arrests may be more effective than mediation as a police response to spouse battering;[4] this research supports the ideological commitment of many advocates for battered women who perceive mediation as an ineffective, possibly dangerous, approach because of the power imbalance between assailant and victim and who advocate use of the full force of the law to either punish the assailant or force him into treatment programs.[5]

An alternative dispute resolution (ADR) system has developed to provide mediation as a strategy for dealing with a wide range of neighborhood and community conflicts and as an alternative to more formal criminal or civil justice processing. The ADR movement emerged from a number of community concerns, including lack of confidence in courts, lack of accessibility to courts because of costs or discomfort with formal procedures, and the belief that dispute settlement at the neighborhood level will be more beneficial to both the community and disputants than the formal court process.[6]

This article will report on another type of mediation—that which is carried out between adult or juvenile offenders and their victims. Procedures for crime victim and offender mediation have been developed by a series of grass roots victim-offender reconciliation projects (VORPs).[7] This article will draw from the experience of using VORP procedures with juvenile property offenders (predominantly burglars) and their victims in Minneapolis and St. Paul, Minnesota, supplemented with data from a national VORP information system that has 1-year data from nine American VORPs. Conclusions will be drawn regarding the appropriateness of victim-offender mediation as a social work strategy, and implications for public policy will be discussed.

The VORP concept as originated in Kitchener, Ontario, in 1973 has been shaped by four major themes.[8] Proponents of VORP, along with other mediation advocates, perceive mediation as a peace-making and conflict-resolution activity with applications ranging from international relations to resolution of conflicts between individuals. Maintaining peace through mediation is an underlying theme. Crime and delinquency, within this context, are seen as conflicts between individuals requiring peace-making activities; the idea of crime as a wrong against the state requiring the imposition of state punishment, including forced rehabilitation, is de-emphasized. A second theme of reconciliation is that conflicts belong to the parties themselves; thus opportunities to resolve conflicts should be returned to the parties most affected. One noted criminologist has suggested that conflicts are property rights that the criminal justice system has stolen away from victims.[9] Thus the parties—offenders and victims—should have opportunities to participate in the resolution of their conflict rather than being mere recipients of a state-imposed solution. This leads to the third theme

of providing victims with the right to participate. The concept of victim rights is undergoing political distortion and abuse by state agents who take it upon themselves to speak for crime victims. Proponents of VORP recognize that a key victim right is the right to participate in decisions affecting them. Thus, VORP has been shaped by the notion that victims have the right to meet their offenders and, if they choose, to participate in a process of negotiating redress. Fourth, supporters have advanced VORP as a form of dispute resolution designed to reduce the intrusiveness of the state into the lives of both offenders and victims. For example, VORP should be used as a tool for reducing the use of prisons and jails and for increasing victim and citizen involvement in securing redress.

Victim-Offender Mediation in Minneapolis-St. Paul

The Minneapolis-St. Paul project is sponsored by the Minnesota Citizen Council on Crime and Justice, a nonprofit, nongovernmental agency that engages in both criminal justice and victim policy development as well as provision of direct services including crisis intervention for crime victims. The program was designed to handle cases involving juvenile burglars and their victims. Burglaries were selected to deal with a relatively serious property offense and to limit the number of program referrals. Referrals are made by probation office staff involved in presentence investigations or by intake staff in a pretrial diversion program. The project has received a few adult referrals and has also received some juvenile referrals for offenses other than burglary including one armed robbery and one sexual assault case. The first referrals were made in February 1985; 183 offenders, including eight adults, had been referred to the project by the end of 1986. The project accepts all referrals although 18 of the offenders did not participate in the program. Six of the referrals were withdrawn by probation officers and two were withdrawn by judges, four youths had approached their victims on their own and made restitution. Two offenders were incarcerated outside the area as a result of new offenses, one youth was missing, and treatment professionals working with two youths declined to permit participation in the program.

A VORP case manager arranges to meet with the young person and his or her parents before telephoning or visiting the victim. The case manager meets with the offender and parents to secure perceptions of losses, discuss VORP procedures, and prepare the young person for participation in the victim-offender mediation meeting. Parents are not encouraged to participate in the victim-offender meeting although they are not prohibited from doing so. After visiting the offender, the case manager schedules a visit at the victim's home or business to discuss the VORP program. It is preferable to explain the program

ınd invite victim participation in a face-to-face visit although sometimes he case manager must discuss the program over the telephone. During he visit the case manager asks the victim to review the victimization ncluding perceptions of losses and discusses reactions to both the ictimization and experiences with the criminal justice system. The VORP program is explained and the victim invited to participate. Meeting the offender prior to meeting the victim creates inconvenience n those situations where a victim declines to participate as this decision must then be discussed with the offender. An understanding of the offender, however, is helpful in responding to victim questions. The case manager, having first met the offender, is better prepared to meet with the victim.

If the victim agrees to participate, the VORP case manager arranges a meeting and serves as a neutral facilitator. The location for the meeting is discussed during the preliminary visit with the victim and is held at a location convenient for the victim. The meeting has two distinct phases. First, victim and offender are given an opportunity to share reactions and ask questions regarding the victimization and subsequent experiences with the criminal justice system. A second phase of the meeting focuses on the damage that was done and the development of an agreement by which the offender can make amends to the victim. Apologies are extended by the offender and accepted by the victim in the course of most meetings. Upon completion of the negotiations, the agreement is written, signed by all participants, and is presented to the probation officer and court.

The 165 youths who participated had a total of 162 victims; some youths had more than one victim and in other situations more than one youth had the same victim. Victims participating in VORP have included individuals, households in which families or other groups of people reside, owner-operated businesses, and other businesses and organizations. Households, businesses, and organizations designate one or more representatives to participate in the VORP process. Fifty-four percent (87) of the victims agreed to participate, 46 percent (75) declined to participate. The victims who declined to participate have usually indicated that they did not want to go to the trouble of attending a meeting with the offender, usually because the losses were small or they did not think it was worth the bother and did not think a meeting would serve any useful purpose. Table 1 shows percent participating by type of victim. Sixty-seven percent (109) of the burglaries victimized individuals or households and an additional 13 percent (21) victimized owner-operated businesses. Only 20 percent (32) of the victims were organizations. The organization victims were more likely to participate in VORP than the individual victims; 43 percent of the individual victims participated compared to 76 percent of the owner-operated businesses and 75 percent of the other organizations.

Table 1

VICTIM PARTICIPATING BY VICTIM TYPE

	N	%
Individuals/households	47	43
Owner-operated business	16	76
Managed business	10	77
School	4	67
Other government organization	4	67
Charitable, religious, or social agency	6	86
Total	87*	

* This represents 54% of victims invited to participate (*N* = 162)

Twenty-three percent of the meetings (29) were held in victims' homes, 40 percent (51) at victims' places of business or work, 11 percent (14) at institutions where offenders were incarcerated, 15 percent (19) at neutral locations in victims' communities, 6 percent (8) at the VORP office, and 5 percent (7) at other locations. Ninety-five percent (128) of the 135 victim-offender meetings have resulted in negotiation of an agreement acceptable to both victim and offender. The agreements have provided for monetary restitution, personal service restitution by providing services or labor directly to the victim, community service restitution through contribution of labor to a community organization, apology only, and an occasional miscellaneous requirement. Table 2 shows the distribution of agreements by the type of restitution to which the victim and offender agreed. The two other agreements provided for behavioral commitments. For one, the victim was the father of the offender, who had run away from home and returned to burglarize his home; the offender agreed to spend scheduled time doing work at home and to seek part-time employment. Another victim, representative of a small business, suggested to the offender the choice of 30 hours community service or 30 hours doing schoolwork at home; the offender agreed to the homework.

An analysis of the content of the agreements in relation to victim losses will help assess if victims and offenders are arriving at agreements which are reasonable for adolescents. Although 82 percent of the victims experienced loss, only 57 percent negotiated monetary restitution with offenders; victims negotiating monetary restitution negotiated for a mean of $313 compared to mean losses of $743. Eighty-five percent (84) of the offenders were involved in acts resulting in losses to direct victims and/or insurance companies averaging $631 per offender. Sixty percent (58) of the offenders agreed to monetary restitution averaging $252 per offender. Twenty-seven percent of the offenders agreed to personal service restitution averaging 36 hours and fifteen percent agreed to do community service averaging 39 hours.

ꞁesponsibility for monitoring compliance with the agreements is .red by VORP case managers and probation officers. Case managers intain contact with victims, and probation officers maintain contact h offenders. Follow-up with VORP victims is done by telephone. ıen failure to comply with the terms of an agreement occurs, the)RP case manager contacts the probation officer and a joint decision nade as to what action might be required. An attempt may be made ȝet the parties back together to renegotiate the terms of the agreement. agreements include a date by which the restitution obligation is to completed.

;ases refer to a victim-offender agreement and are closed for one four reasons—the agreement is completed by the scheduled com- ·tion date, the agreement is completed but after the scheduled com- ·tion date, the agreement has been renegotiated and then completed, the agreement has not been completed and the case manager believes s unlikely to be completed. The latter occurs, for example, when uths have absconded, have committed new delinquent offenses and : placed in institutional settings, or are unwilling to complete terms the agreement. Fifty-two percent (66) of the agreements were closed fully completed by the deadline, 19 percent (24) as fully completed t beyond the deadline, nine percent (11) as renegotiated and com- :ted, and 21 percent (27) as not completed. The first three types of ›sures are considered successful for an overall success rate of 79 rcent. The completed agreements have resulted in monetary res- ıtion to victims of $8,280, monetary restitution to insurance companies $3,096, community service restitution of 489 hours, personal service stitution of 127 hours, and charitable contributions of $90, while her requirements, usually apologies, were met by 28 offenders.

Is crime victim–offender mediation, as illustrated by the Minneapolis- . Paul program, a practice that may be useful in social work? Arriving an answer to this question involves dealing with three subsidiary ıestions: Is victim-offender mediation feasible? Is victim-offender

Table 2

VICTIM-OFFENDER AGREEMENTS BY TYPE OF RESTITUTION

	N	%
Monetary restitution	56	44
Personal service restitution	22	17
Both personal service and monetary restitution	8	6
Community service restitution	13	10
Both community service and monetary restitution	2	2
Apology only	25	20
Other	2	2
Total	128	100

mediation consistent with social work practice? Is victim-offender mediation sound social policy?

Feasibility

The feasibility of victim-offender mediation requires that victims be willing to participate, that victims and offenders reach mutually acceptable agreements, and that offenders comply with the terms of the agreements. The 2-year experience of the Minneapolis-St. Paul program suggests that the concept is feasible; 54 percent of the victims agreed to participate in meetings with their offenders, 95 percent of the meetings resulted in agreements, and 83 percent of the agreements have been satisfactorily completed. Monetary restitution was negotiated in 52 percent of the agreements; offenders responsible for monetary restitution had a mean obligation of $252. Other agreements called for community service, personal service restitution, or apologies only. This experience suggests that victims are reasonable in their requests, take into consideration the youth and resources of offenders, and usually negotiate agreements that offenders are able to complete.

The Minneapolis-St. Paul experience mirrors information available from the national VORP management information system maintained by the PACT Institute of Justice.[10] During the first year of operation (July 1985–June 1986) data on 311 cases were reported by eight different American VORP programs including the Minneapolis-St. Paul program. Sixty percent (183) of the cases resulted in a victim-offender meeting, 27 percent (81) did not result in a meeting because of victim unwillingness, 6 percent (17) did not result in a meeting because the offender was unwilling. In 2 percent (5) of the cases the victim could not be found, in 2 percent (7) the offender could not be found, and in 4 percent (13) the matter was resolved without a meeting (data was missing for five cases). Ninety-four percent of the meetings resulted in a signed agreement. Sixty-one percent (105) of the agreements called for monetary restitution, in which the mean amount was $175 and the highest amount was $3,100.

These results are further confirmed by a growing body of research. In the first year, the Minnesota Restitution Center found that 31 of 44 victims were willing to travel to the state prison to meet their offenders and negotiate restitution agreements.[11] A study of victims from 19 American restitution programs found that 46 percent would want to meet with their offender to develop a restitution contract in future victimizations and 36 percent would not want a meeting; 18 percent did not respond to this question.[12] A study in the Tulsa juvenile court found 71 percent of the victims willing to meet their offenders.[13] Cannady found that 17 of 19 victims of juvenile offenders placed on probation in Charleston, South Carolina, reported a willingness to

meet their offenders;[14] Kigin and Novack reported that 74 percent of 176 victims of juvenile offenders in St. Cloud, Minnesota, thought that they should be involved with the offender in determining a restitution obligation.[15] Shapland, Willmore, and Duff studied victims of violent crime (assault, sexual assault, and robbery) in two communities in Great Britain and found that 17 percent of the Coventry victims and 19 percent of the Northampton victims would have liked to have met with the offender and judge to work out a sentence.[16] Thirty-two percent of the victims in the Florida plea bargaining research attended plea bargaining conferences.[17] A survey of a random sample of the population of Columbia, South Carolina, found that half of the respondents reported willingness to be involved in personal service restitution if they were victimized for malicious damage to their homes.[18]

There is also a growing body of evidence to support the experiences of the Minneapolis-St. Paul program finding that victims will not be vindictive in their negotiations with offenders. The Florida plea bargaining research found that "contrary to the expectations of some observers, the victims did not demand the maximum authorized punishment."[19] Victims in the Minnesota Restitution Center program agreed to participate in negotiating restitution contracts, understanding fully that the outcome of the process would be a much shorter period in prison for their offenders.[20] Directors of five juvenile restitution programs argued for victim involvement as an essential ingredient for juvenile restitution programs and note, "The stereotype of the outraged, vindictive victim has been used as an excuse to exclude victim involvement for the sake of protecting the child from retaliation. The stereotype has not been borne out by experience."[21] Henderson and Gitchoff report from their clinical work that victims are willing to accept nonprison sentences and restitution.[22] Shapland's study of victims of violent crime in England found that "both in their wishes at the beginning of the case as to what sentence should be passed and in their reactions to the actual sentence, victims were not punitive."[23] Maguire's study of burglary victims in England found victims were not the punitive "hang 'em, flog 'em, lock 'em up forever" people that popular myth suggests.[24] The 1982 British crime survey asked victims what treatment they thought their perpetrators deserved to receive; only half thought their offenders should be brought before the courts and only 10 percent said they should be imprisoned for their offenses.[25] Hagan interprets his Canadian findings as "full exposure of the victims to the criminal justice process involves fewer risks than agents of the system may have previously assumed."[26] Forty-eight percent of the victims in a St. Cloud, Minnesota, study of juvenile offenders reported that no punishment other than restitution should be imposed.[27]

Finally, emerging evidence indicates that restitution obligations will be completed. Eighty-six percent of the 14,012 youths discharged from

restitution programs during the first 2 years of the national juvenile restitution initiative funded by the Office of Juvenile Justice and Delinquency Prevention were discharged as successful, meaning that the youths had completed restitution obligations and did not offend while in the program.[28] The National Assessment of Adult Restitution Programs examined programs in the United States and found program completion rates ranging from 62 percent to 91 percent.[29] McEwen and Maiman's study in Maine found that terms of small claims orders that had been negotiated between victim and offender were more likely to be completed than those that had been judicially ordered.[30]

The experience of the Minneapolis-St. Paul program, the collective experience of other VORP projects, and the available research indicate that mediation between crime victims and offenders is feasible. Concerns that victims do not want to participate, the mediation session might become explosive, or victims will make unreasonable demands given the limited means of offenders are exaggerated and are not supported by experience or research. Most of the documented victim-offender mediation programs have involved juvenile property offenders and their victims. A few reports of the use of victim-offender mediation with adult offenders and with offenders who have committed violent crimes are beginning to emerge. Twenty-five percent of the cases reported to the national VORP information system involved adult offenders, and 5 percent of the cases involved person-to-person offenses.[31] Case studies of the use of victim-offender mediation with offenders who committed crimes of violence are being reported.[32] Victim-offender mediation is a feasible approach with juvenile property offenders and their victims and may be feasible with adult property offenders and victims. More experience is required to assess the feasibility of the practice with juvenile and adult offenders who have committed crimes of violence. Further, concluding that a concept can be implemented is not the same as concluding that the concept ought to be used in social work practice or is sound social policy. History is replete with examples of concepts that are feasible but are inconsistent with social work practice or with sound social policy.

Victim-Offender Mediation, Social Work Practice, and Social Policy

Mediation has long been in the repertoire of strategies used by social workers and is easily recognized in social work activities directed toward resolving intrafamilial disputes, intragroup disputes, and, to a lesser extent, intergroup disputes. Mediation skills and techniques are commonly discussed in social work practice textbooks.[33] There is no question that mediation is an appropriate activity for social workers. Questions may be raised, however, about whether mediation between crime victims

and offenders is appropriate for social work practice. Victim-offender mediation activities as illustrated by the Minneapolis-St. Paul project are compatible with social work practice for at least four reasons.

First, a time-honored tenant of social work is that people have a right to be active participants in matters that affect them and in seeking solutions to their problems. Mediation programs provide opportunities for direct participation by both victims and offenders. Second, social workers have traditionally noted the importance of working with client strengths and with optimism that client problems are solvable and change can occur. These concepts are utilized in offender-victim mediation programs that are based on assumptions that offenders have the strength to undertake negotiations, solutions can be found, and solutions will be implemented.

Third, a relatively extensive literature has developed suggesting that both offenders and victims may develop stereotypes of each other. Sykes and Matza have identified neutralization techniques used by delinquents to deny responsibility for their behavior;[34] similar ideas have been elaborated by the social equity and just world theorists in social psychology.[35] Direct victim-offender meetings provide a useful mechanism to challenge delinquent rationalization by providing concrete information concerning the harm done. Victims have opportunities to test their views of offenders against reality. Social workers have historically supported efforts to improve communication among people to further understanding and mutual respect and to reduce conflicts stemming from misunderstanding. The process of active communication required in a mediation program furthers communication, individualization, and reduction of stereotypes of both crime victims and offenders. Fourth, crime victims may benefit from the opportunity to confront their offender, to discuss their experiences and reactions, and to ask questions and learn about offenders. In addition to providing victims an opportunity to test their stereotypes against reality, mediation may provide a beneficial experience for victims. There are sound reasons, rooted in social work ideology, for social workers to use crime victim–offender mediation.

Should social policy encourage the development of crime victim–offender mediation programs? There are several reasons to support policy development that may range from cautious experimentation with additional pilot programs to wholesale reallocation of criminal justice resources. The United States has been committing huge sums to jail and prison construction. A 1986 survey of state and local governments conducted by the American Jail Association found one third of the nation's jails "operating under a court order usually for overcrowding and/or substandard conditions" and estimated that 22 billion dollars are currently committed to local jail construction.[36] These are capital expenditures only and do not include projected increases in

operating costs. The federal and state prison population has increased by 66 percent since 1980 with 546,569 persons in state and federal prisons at the end of 1986.[37] As of December 1985, the federal and state prison population was over design capacity by 93,506 persons.[38] The Criminal Justice Institute reports mean-per-bed 1986 prison construction costs at $70,768 for maximum security, $53,360 for medium security, and $29,599 for minimum security.[39] Using the medium security costs, a commitment of $5 billion is currently necessary to meet the present overcrowding problem. The country has sharply escalated corrections and penal expenditures over the last decade. Between 1977 and 1985, corrections expenditures nearly doubled.[40] Most of the increase has been for prison and jail construction and operations; between 1977 and 1985 the proportion of state and local corrections budgets used for institutions increased from 74.4 percent to 83.5 percent, while the proportion used for probation and parole decreased from 17.6 percent to 12.4 percent.[41]

There is no evidence that sharply escalating expenditures are reducing crime. Reports from the crime-victimization surveys suggest a high possibility of being victimized. A recent projection predicts that 8[illegible] percent of 12 year olds will be victims of a violent crime (rape, robbery or assault) sometime during their lifetimes, that 99 percent will b[e] victims of theft, and that 72 percent of all households will experienc[e] at least one burglary over 20 years.[42] Projections such as these attes[t] to the general ineffectiveness of the current system of responding t[o] crime and offenders. These troubling projections have been occurrin[g] during a time of increasing harshness and increased spending fo[r] prisons and jails. Shireman and Reamer, in reviewing the cohort studies have raised the possibility that the juvenile justice system may b[e] crimogenic.[43] If the present programs are ineffective (or possibly causin[g] an increase in crime), an appropriate public policy position is to abando[n] much of the present response to offenders and transfer resources t[o] programs based on new principles.

From the late eighteenth century through the early nineteenth cen[-]tury, a major shift occurred in penal policy as prisons were substitute[d] for corporal punishment, capital punishment, and transportation o[f] offenders to penal colonies. This shift occurred in part due to a[n] increased level of humaneness in society but was also driven by hig[h] costs of transportation, ineffectiveness of corporal and capital punish[-]ment, and public dissatisfaction with these sentences. Similar condition[s] may also exist in the late twentieth and early twenty-first centuries t[o] support another shift in penal policy from incarceration to mediation and restitution for property offenders.

Early evidence suggests that programs based on restorative principles may be as, or more, effective than current approaches to offenders. A study of adult parolees found that a group released early from

prison to a restitution center had fewer new convictions than a matched group released to parole after serving a normal period of incarceration;[44] similar results were found in a 2-year follow-up of randomly selected adult offenders released to the Minnesota Restitution Center compared to a control group of offenders who completed prison terms.[45] A study of 250 offenders in the Tulsa, Oklahoma, juvenile restitution program found those with victim contact less likely to recidivate than those without victim contact.[46] Cannon and Stanford reported 19 percent rearrest for juvenile restitution cases in a 6-month time period compared to 24 percent for a nonrestitution group;[47] Hofford reported an 18 percent recidivism rate for youths in a juvenile restitution program compared with a 30 percent rate for those on regular probation.[48] A study of over 1,000 case closures from the national juvenile restitution initiative found that youths with the sole sanction of restitution had lower recidivism than youths with restitution plus probation.[49] This relationship continued to be evident after controls were introduced for prior juvenile record and the seriousness of the current offense. Recent field experiments on the use of restitution for juvenile offenders, including one project in which restitution took the form of victim-offender mediation, offer impressive evidence that restitution may be more effective in reducing recidivism than short-term detention, probation supervision, or mental health counseling (the latter may actually have increased recidivism and risks to the community).[50]

Crime victims are isolated from criminal and juvenile justice processes despite a desire on the part of many victims to participate in criminal and juvenile justice matters.[51] Victim-offender mediation opens up this possibility to victims. Further, the VORP program facilitates communication between victims and offenders, emphasizes offender responsibility for his or her behavior toward the victim and the community, and provides a better opportunity for informal social control over the behavior of offenders than programs that isolate and separate offenders from their communities and the persons they have harmed.

Finally, there is a growing body of research evidence indicating that the general public will accept sanctions of restitution, community service, and victim-offender mediation as an alternative to imprisonment for property offenders. Hough and Mayhew, Shapland, Shaw's work in England, Van Dijk's work in Holland, Galaway's work in New Zealand, Doob and Robert's work in Canada, Gandy's work in Colorado and South Carolina, Thomson and Ragona's work in Illinois, and the work done at the North Carolina Center on Crime and Punishment all indicate public support for using restitution or community service instead of imprisonment for property offenders.[52] The consistency of these findings runs counter to the ideology and perceptions held by many criminal justice officials and challenges the accuracy of perceptions that the public is demanding imprisonment. Martin Wright, after re-

viewing the research, concludes, "What these surveys show, however is that many members of the public, including victims, are ready to shift the whole basis of the debate. Instead of debating as judges and magistrates do, whether to use harsh or lenient punishment, a substantial number of people are beginning to say 'use reparation sanctions instead of punishment.' "[53]

Victim-offender mediation programs are feasible to implement, are consistent with social work practice, and are sensible public policies. Restitution programs are as effective or more effective at reducing recidivism than traditional juvenile or adult justice measures. The public may be more likely than criminal justice professionals to support development of restitution programs to replace jail and prison for property offenses. Victim-offender mediation is a workable way to implement restitution sanctions.

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The Influence of Class and Race on Clinical Assessments by MSW Students

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This survey of full-time MSW students focused on the influence of class and race and practitioner variables on clinical decisions. The mediating variables included socioeconomic status (SES), ethnicity, theoretical orientation, method of concentration, major, and other student attributes. Literature regarding the influence of class and race suggests the presence of a bias, but its direction is not always clear. In contrast to preceding studies, few biases were found: overall, students did not tend to assess their clients differently according to class and race, and the SES and ethnicity of the practitioner did not greatly affect clinical decisions.

The influence of class and race on clinical assessments by social workers is not well understood. Studies of professional mental health workers' assessment, by class, of clients suggest that they think lower-class individuals make less desirable clients,[1] that such patients are considered less amenable to treatment,[2] and that different therapeutic techniques may be used with them;[3] however, one study found that middle-class clients are considered more in need of help.[4]

Evidence for a racial bias is inconclusive. A comprehensive review of analogue and field studies was undertaken, which examined the

Social Service Review (December 1988)

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stion of racial bias in regard to diagnosis, process, outcome, and ization of treatment; the authors conclude that the evidence of ial bias is weakest for diagnosis and outcome—even noting some black trends—and stronger for factors such as less frequent referrals blacks for individual treatment or more rapid discharge from psyatric hospitalization.[5] Among social workers, one study suggests t black clients are judged more favorably than white,[6] while another ggests that white practitioners are less enthusiastic than their black rs about working with black clients.[7]

Any bias—for or against a group—can have similar consequences: client may acquire a lifelong label, and an inaccurate diagnosis result in inappropriate treatment, premature termination, or other riers to successful therapy. As Fischer and Miller note, a label "may t 'guide' the clinician to an a priori decision that he is not going to e a successful course of treatment with a given client, and again, self-fulfilling prophecy may insure that he does not."[8]

Class and racial biases in diagnosis may be particularly difficult to ceive because most white, middle-class practitioners believe in an alitarian society and may not recognize transference and counternsference issues related to race or class.[9] Professional taboos against ial or elitist biases increase the difficulty of admitting and studying se issues; however, awareness of, and ability to directly deal with, ses may enhance therapy.[10]

Despite curricular emphasis on cultural and racial pluralism, little known about social work students' class and racial biases and how y influence diagnosis since the studies referred to above involved perienced practitioners.[11] One study that did focus on class biases MSW students found that those respondents from a lower-class kground gave a more favorable prognosis to lower-class clients.[12]

The present study addresses two questions. (1) Are the clinical judgnts of MSW students influenced by the class and race of the clients? Are judgments influenced by student practitioner variables such class, race, age, gender, or experience? To ensure comparability th previous studies, the analogue and questions about treatment proach were replicated from a study by Franklin, who in turn had plicated parts of a study by Fischer and Miller.[13]

esearch Methodology

ne analogue consisted of a case description with four versions, which ffered only in terms of class and race: middle-class black lawyer, iddle-class white lawyer, lower-class black delivery truck driver, and wer-class white delivery truck driver. Class was also operationalized describing the occupation of the father of the client: the middless father was a physician and the lower-class father was a janitor.

Gender was kept uniform to replicate the Franklin and the Fischer and Miller studies as closely as possible.[14]

A cover letter to the students explained that the purpose of the study was to examine factors influencing assessment. Because of concerns that the student subjects might discuss the questionnaire among themselves and recognize the race and class differences among analogues, that information was "buried" in the middle of the first paragraph rather than beginning the analogue, as in Franklin's study. This partial disguising of purpose was apparently successful, as presentation of the findings to a class elicited surprise.

The analogue was followed by Franklin's treatment inventory, a combination of 21 scales, three fixed-alternative questions, and an ordinal ranking, for a total of 25 items. The assessment portion of this inventory included 10 six-point scaled questions on client's degree of insight, maturity, degree of disturbance, expected amount of acting out, degree of social adjustment, anxiety level, motivation for treatment, suitability for treatment, prognosis, and prognosis without treatment. Responses fell along a scale of one to six, with a favorable assessment at the low end of the scale. Also included in the assessment portion were a Global Assessment Scale (GAS), measuring degree of impairment, and a fixed-alternative question about etiology of the problem.

The intervention questions asked about primary treatment approach with this client, as well as about modality, frequency, length, and goals. Treatment approach and modality were measured by fixed alternative questions, while frequency and length were ascertained by scales and goals by ranking. Also, six-point scales addressed practitioner strictness, activity, warmth and support, directiveness, the amount of historical versus current information, and intrapsychic versus interpersonal material that the practitioner expected to address. Two attitude questions completed the inventory, with six-point scales on both practitioner attitude and degree of enthusiasm toward the client.

Following the inventory, additional questions elicited characteristics of the student respondents, including age, gender, race, socioeconomic status (SES) of family of origin, parents' education, specialization of student in undergraduate and graduate school, year in the graduate program, method and system of specialization in program, previous experience, and theoretical orientation (behavioral, psychodynamic, psychosocial, or systems). A list of all currently enrolled full-time MSW students was obtained, after which the analogues were randomly assigned to students and mailed to their home addresses.

Sample

The population was all first- and second-year full-time students in the 1986–87 MSW program at Virginia Commonwealth University. One

hundred thirteen of the 190 students responded (59%). Respondents were largely female (81%), white (77%; black, 17%; other, 6%), middle class (lower middle, 28%; middle, 42%; upper middle, 23%), in the micro concentration (84%), and with a field-of-practice specialization in mental health (50%) or family and child welfare (31%; health, 16%, justice, 7%). Micro practice is work in individual, family, or group intervention, while macro focuses on administration and planning.

Respondents were generally inexperienced: 18 percent had one year of clinical experience and 43 percent less than a year. Twenty-nine percent had a BSW. Theoretical orientations were psychosocial (52%), systems (27%), psychodynamic (12%), and behavioral (6%). Ages ranged from 22 to 55, with a mean of 29.9 and a median of 28. All demographic characteristics were evenly distributed among analogues (chi-square or ANOVA, $p > .05$), an indication that the randomization process was not undermined by differential return rates (response rates were also similar among analogues).

Results

Before addressing the research questions, two procedures were conducted. First, a factor analysis of the scaled items was carried out to determine if items clustered together and could be summed to simplify analysis as previous researchers had done. However, the results were different from both the Fischer and Miller and the Franklin studies.[15] Since those two studies also differed from each other and the Cronbach alphas from scales based on their clusters were below .64, it was concluded that there were no valid summed scales contained within the treatment inventory. Consequently, the 21 scaled, individual items were used in subsequent data analysis.

Second, the relationship between student-practitioner characteristics and treatment inventory items was examined to determine what variables should be controlled in testing the research questions. The students' race and SES were fairly consistently related to the 21 scaled items, as well as to treatment approach. Consequently, these variables were included in all analyses.

In addition, theoretical orientation, concentration, and previous major were significantly related to degree of social adjustment, motivation, prognosis with treatment, prognosis without treatment, degree of impairment of client, amount of activity by practitioner, amount of warmth and support required for client, and degree of directiveness by practitioner. For these eight items, the three additional covariates were controlled by including them in the analysis of variance. Thus, analysis of these eight items involved seven-way ANOVAs while the remainder were four-way (client race and SES, practitioner race and SES).

The effects of these analyses are given in table 1. Next to each item is the mean for all respondents.[16] Remaining columns give the effect

Table 1

AVERAGE DEVIATION (of Variables of Race and Class of Client and Practitioner) FROM THE MEAN OF ITEMS IN TREATMENT INVENTORY, WHEN OTHER VARIABLES ARE CONTROLLED

TREATMENT INVENTORY	GRAND MEAN	CLIENT RACE		CLIENT SES		PRACTITIONER RACE		PRACTITIONER SES		
		White	Black	Middle	Lower	White	Nonwhite	Upper Middle	Middle Middle	Lower Middle
1 Insight	4 54	18	- 20	14	- 15	.17*	-.59*	- 08	- 08	15
2. Maturity	4 55	01	- 01	10	- 11	07	- 26	04	- 12	12
3 Degree of disturbance	4.24	15*	-.18*	08	- 08	-.02	07	06	-.04	.00
4 Acting out	3 50	- 23*	26*	03	- 03	.15*	- 51*	11	- 15	.10
5. Degree of social adjustment[a]	4 90	00	- 00	09	- 09	02	- 05	00	- 01	.01
6 Anxiety level	5 16	10	- 11	05	- 05	- 03	11	-.00	05	- 05
7. Motivation[a]	3 31	09	- 10	14	- 13	- 02	06	- 08	- 06	.15
8 Suitability	1 91	10	- 10	- 07	07	- 02	07	- 13	.23	-.19
9 Prognosis[a]	2 37	06	- 06	- 00	00	00	- 00	-.04	01	.01
10 Prognosis without treatment[a]	5 01	- 04	.05	15	- 15	- 07	.21	.27	-.21	.07
11 Global Assessment Scale[a]	3 48	- 05	06	02	-.02	05	- 16	-.06	.05	-.03
12. Frequency of treatment	1 95	01	- 01	- 03	03	01	- 04	- 07	04	.01
13 Treatment length	2 60	- 07	.07	- 04	04	07	- 25	- 22	17	-.04
14. Strict/permissive	3 13	- 05	05	-.07	08	- 07	.27	- 11	09	-.04
15 Active/passive[a]	2.67	02	- 02	.01	- 01	04	- 11	- 02	09	-.09
16. Much/little support[a]	1 94	00	- 00	09	- 10	02	-.08	- 14	.10	-.02
17 Directive/nondirective[a]	2 60	04	- 04	10	- 10	- 03	10	09	21	-.30
18 Historical/current	4 34	- 15	17	- 26*	28*	03	- 10	- 20	- 09	24
19 Intrapsychic/interpersonal	4 46	- 01	01	01	- 01	00	- 02	- 23	- 02	19
20. Positive/negative attitude	2 71	05	- 05	04	- 04	05	- 16	-.17	18	- 09
21. Enthusiastic/unenthusiastic	2 52	07	- 08	-.15	16	01	- 02	- 15	26	-.21

[a] These items had other variables controlled (see text for explanation)
* Probability of F for main effect of variable is 05 or less ($p <$ 05)

of each category of the four independent variables, client analogue race and socioeconomic status, and student-practitioner race and socioeconomic status.

The number in each cell is the average amount a member of that category deviates from the total mean when the other variables are controlled. For example, for insight, the "average" insight rating for the black-client analogue was −.2 less than the mean of 4.54, which implies a more favorable rating (this is .38 less than the white-client analogue). For items 5, 7, 9, 10, 11, 15, 16, and 17 in table 1, the effects shown are after controlling for three additional covariates, even though those variables are not in the table. Asterisks indicate that the main effects for that variable were statistically significant ($p < .05$).

Client class and race.—Analogue-client characteristics were related to four items, only slightly greater (8%) than chance expectations for the .05 level. Regarding class, students would emphasize more current material with the lower-class client compared to the middle-class client. Ethnicity was related to degree of disturbance and amount of acting out: students thought that the white client was more disturbed but expected more acting out by the black client. In addition, with the black lower-class client, students would more often use the systems treatment approach, while an insight-oriented approach would be more often utilized with a lower-class white client (see table 2).

Student race and class.—For student-practitioner characteristics, only two of the analyses (4%) were significant. White students overall attributed to the client less insight and a greater propensity to act out than did nonwhite students; no interactions were found between ethnicity of students and client race or social class. Student race was unrelated to treatment choices, and student social class was unrelated to all items.

Other student characteristics.—As mentioned, student theoretical orientation, undergraduate major, and micro versus macro concentration

Table 2

Practitioners' Treatment Approach by Client Class and Race

Treatment Approach	Middle Class (%)*		Lower Class (%)**	
	White	Black	White	Black
Insight	41	58	68	27
Environmental	12	11	21	23
Systems	47	31	11	50
N	32	26	28	26

* Chi-square = 1.81, df = 2; $p = .40$.
** Chi-square = 11.73; df = 2; $p < .01$

had bivariate relations with eight inventory items and consequently were included as controls when analyzing those eight. With these controls, only six (of 24) main effects were significant. For theoretical orientation, students with behavioral or psychodynamic orientations thought the client was less well adjusted than did those with a systems or psychosocial orientation (effects: behavioral or psychodynamic = .38; psychosocial = −.12; systems = −.01; p = .05). Those with a behavioral or psychodynamic orientation, and those with a systems approach, tended to prefer more activity, implying greater frequency of intervention with their clients (effects: behavioral or psychodynamic = −.26; psychosocial = .18; systems = −.18; p = .06).

Students with BSW degrees considered the client less motivated (effects: BSW = .33; other = −.14; p = .02) and his prognosis with treatment less favorable (effects: BSW = .39; other = −.16; p = .01) than did those students with other undergraduate degrees. There were also relationships between graduate method concentration and prognosis without treatment and the GAS scale. Macro students thought the client was less impaired (effects: macro = −.49; micro = .09; p = .01) and the prognosis without treatment more favorable than did micro students (effects: macro = −.41; micro = .08; p = .04).

Discussion

The findings of the study suggest limited impact of racial and class labels on diagnoses. Client-analogue race and SES, student practitioners' ethnicity, undergraduate major, graduate method of concentration, and theoretical orientation each were related to a few decisions regarding treatment. However, the impact was not as strong as in previous studies as the number of significant relationships was only 7 percent. This may be because other variables were controlled in this study, the sample consisted of social workers in training, or some biases and stereotypes may have decreased.

To a limited degree, some of the biases found previously were borne out. For instance, students would focus on current rather than historical material with the lower-class client but not the middle-class client, a finding congruent to the Fischer and Miller study.[17] However, other findings were not replicated. Unlike the Franklin study, no relationship was found between client lower-class status and a poor prognosis.[18] Also, while the Fischer and Miller respondents thought the lower-class client less suitable for treatment, no such relationship was found between the two variables in this study.[19] It may be that the less experienced, younger respondents are less class conscious than the practitioners in the other two studies; as Franklin suggests, more experience increases the "likelihood of encountering clients who are not responsive to the practitioner's interventions [and there is] a higher probability that these clients will be poor."[20]

Race more than social class was related to differential perceptions, but it is not clear why the black client would be perceived simultaneously as less disturbed but more likely to act out; perhaps racial stereotypes associate acting out but not disturbed behavior with blacks. The finding regarding the use of a systems approach with a lower-income but not middle-income black is consistent with the observations of Abramowitz and Murray, who note that "blacks who transcend the class barrier are, empirically speaking, only marginally more vulnerable than likewise privileged nonblacks."[21]

That white students attribute less insight and more acting out to the client than do black students may indicate stereotyping of all those in need, while their nonwhite peers are less rigid and more tolerant of other life-styles. However, no class or ethnic bias is demonstrated in this finding.

Such biases are not evident in the remaining effects although the findings could indicate other problems. The tendency of graduate students with BSWs to think the client is less motivated and that his prognosis is less favorable may reflect training that emphasizes the identification of client problems and weaknesses rather than strengths. The tendency of macro students to consider prognosis without treatment to be more favorable and to consider the client less impaired suggests that those in a macro concentration are more likely to see "wholeness" and client strengths.

The focus on wholeness may also help explain the relationship between respondents with psychosocial or family orientations and the perception that the client is not as poorly adjusted as thought by those from a psychodynamic or behavioral background. The questionnaire used in this study partly characterized psychosocial and family approaches as involving environmental interventions, which suggests consideration of a larger social context which itself may have pathological elements. Respondents who chose these affiliations may see the client as victimized or deprived rather than poorly adjusted. But here, as well as with the other above findings, the limited number of significant relationships and the lack of a clear pattern dampens speculation.

This study, with its finding of minimal biases, does little to resolve the issues posed by Fischer and Miller and by Franklin: that is, whether there is evidence of class and race bias among social workers, as well as other influences on clinical judgment that compromise objectivity. All three studies share the similar limitation of an analogue design, which has inherent validity problems. Because a hypothetical situation is presented, it is difficult to generalize to behaviors with actual clients.[22] Furthermore, the analogue does not create the same intensity as a clinical experience and cannot include nonverbal elements which may enter into clinical judgment.[23]

Further questions can be raised about the instrument. The analogue may not present an accurate representation of class and race, which

further limits the potential for generalizing from the results. Some researchers have argued that class and race are not monolithic entities, and individuals may vary within classes as well as between classes;[24] others have suggested the need for improved measures of these variables.[25]

It is also of concern that all three studies had different results in the factor analysis. This raises questions about construct validity: it may be that the inventory does not adequately measure the effects of the independent and intervening variables, and that a better instrument needs to be devised. In any case, the evidence for class and ethnic bias remains ambiguous.

Notes

The assistance of Anne E. Fortune in this project is gratefully acknowledged

1. Joel Fischer and Henry Miller, "The Effect of Client Race and Social Class on Clinical Judgment," *Clinical Social Work Journal* 1 (1973) 100–109, Donna L. Franklin, "Differential Clinical Assessments: The Influence of Class and Race," *Social Service Review* 59 (March 1985): 44–61; Harold Graff, Lana Kenig, and Geoffrey Radoff, "Prejudice of Upper Class Therapists against Lower Class Patients," *Psychiatric Quarterly* 45 (1971): 475–89

2. Franklin; Stephen D. Lee and Maurice K Temerlin, "Social Class, Diagnosis, and Prognosis for Psychotherapy," *Psychotherapy. Theory, Research and Practice* 7 (Fall 1970) 181–85.

3. August de Belmont Hollingshead and Frederick C. Redlick, *Social Class and Mental Illness A Community Study* (New York. Columbia University Press, 1958); Rachel A. Levine, "Treatment in the Home. An Experiment with Low Income, Multi-problem Families," in *Mental Health of the Poor*, ed. Frank Riessman, Jerome Cohen, and Arthur Pearl (New York: Free Press, 1964), Nettie Terestman, J David Millet, and John J Weber, "Blue-Collar Patients at a Psychiatric Clinic," *American Journal of Psychiatry* 131 (1974)· 261–66.

4. Donald K. Routh and Keith M. King, "Social Class Bias in Clinical Judgment," *Journal of Consulting and Clinical Psychology* 38 (1972). 202–7

5. Stephen I Abramowitz and Joan Murray, "Race Effects in Psychotherapy," in *Bias in Psychotherapy*, ed Joan Murray and Paul R. Abramson (New York: Praeger, 1983).

6. Fischer and Miller, p. 107.

7 Franklin, p. 53.

8 Fischer and Miller, p 107

9. Marlin S. Griffith, "The Influence of Race and Social Class on Clinical Judgment," *Psychiatry* 40 (February 1977): 27–48

10. Terestman et al., p 264.

11 *Handbook of Accreditation Standards and Procedures* (New York: Council on Social Work Education, 1984).

12. Frances G. A. Friedman and Lawrence K. Berg, "Graduate Students' Judgments about Clients," *Journal of Education for Social Work* 14 (Winter 1978): 45–51.

13 Franklin (n 1 above), pp. 48–49, Fischer and Miller (n. 1 above), p. 102

14 Franklin, p. 47; Fischer and Miller, p. 104.

15. The following items clustered together: (1) degree of disturbance, amount of acting out, prognosis without treatment, and anxiety level; (2) degree of insight, level of maturity, motivation, and degree of adjustment; (3) suitability for treatment and prognosis with treatment; (4) degree of activity by practitioner and degree of directiveness by practitioner; (5) attitude toward and amount of enthusiasm toward client, (6) degree of permissiveness and amount of warmth toward client; and (7) historical or current focus, and intrapsychic or interpersonal focus with client.

16. On a 1–6 scale, some items were reversed so that a lower score is a favorable

assessment (e g , more insight, less disturbance) or more of the first characteristic (e g , more strictness).

17. Fischer and Miller, p. 104
18. Franklin, pp. 53–54.
19 Fischer and Miller, p. 104
20. Franklin, p. 55.
21. Abramowitz and Murray (n 5 above), p 244
22. William J. Reid and Audrey D. Smith, *Research in Social Work* (New York Columbia University Press, 1981), pp 167–68
23. Ibid
24 Terestman et al (see n. 3 above), p. 262
25 Samuel Himmelfarb and David J Senn, "Forming Impressions of Social Class Two Tests of an Averaging Model," *Journal of Personality and Social Psychology* 12 (May 1969): 38–51; Albert F. Osborn and Tony C. Morris, "The Rationale for a Composite Index of Social Class and Its Evaluation," *British Journal of Sociology* 30 (March 1979). 39–60

Note on Research

Pregnant Teenagers: Deterrents to Service Use

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This article reports the findings of a recent study of service use by pregnant adolescents While medical prenatal care has gained increased acceptance among adolescents, nonmedical prenatal support services have been less successful in reaching this population It is suggested that access, stigma, and informal support systems may be significant factors influencing service use. Further examination of the needs and desires of this population is required to enable service providers to develop appropriate and accessible programs that will reach and be reached by adolescents in need

Introduction

Adolescent pregnancy and parenthood are recognized medical-social problems in North American society today. While recent research has dispelled some of the myths about teenage pregnancy and parenthood, many concerns remain.[1] It appears that significant numbers of adolescent parents are choosing to keep their babies without adequate support, with constant fear of rejection by adults and authority figures, and without the opportunity to ameliorate their situation. Current evidence suggests that teenagers who continue their pregnancy to term, and particularly those who opt to parent, suffer significant curtailment of their future aspirations.[2]

A myriad of programs and services have been developed to meet the identified needs of pregnant and parenting adolescents.[3] While service directions have begun to change in response to new trends in teenage pregnancy, many adolescents appear reluctant to approach the health and social services designed specifically for them.[4]

Social Service Review (December 1988).

0037-7961/88/6204-0006$01 00

Despite the 1981 findings that services for pregnant adolescents each less than 20 percent of their target population,[5] researchers ave not yet attempted to determine the causes of low program pentration. Rather, increased utilization has been sought through expansion and revamping of existing services toward greater access and vailability and through the development of more programs.[6] However, 'hile recent innovative programs for adolescents appear to be well eceived, responsive to their needs, and easily accessible to those who se them,[7] utilization rates remain low. The question remains as to whether the continued failure to utilize available services reflects a ick of access, a lack of information, a different perception of need, r the fact that adolescents are receiving the required assistance from ther sources. This article reports the findings of a recent study of ervice use by pregnant adolescents[8] and suggests several possible xplanations for variations in service utilization.

The Study

'he focus of this study was nonmedical prenatal service utilization. Research has clearly proved the necessity and benefit of medical prenatal are for adolescents,[9] but there is little conclusive evidence regarding he usefulness of nonmedical prenatal services.[10] There is, however, n assumption in the literature among service providers and among he public in general regarding the need for formal extended support ystems. By means of a needs assessment, I attempted to determine whether the need does exist, whether the needs of different girls are imilar, and the extent to which their needs have been met. In addition, wanted to know what accounts for differences in utilization rates by lifferent members of the target population.

The focus of the study was on individual determinants of utilization. Research regarding recently developed services for teenagers indicates hat such services have been well received and have posed no significant barriers to access.[11] It could be assumed that organizational (i.e., service-related) variables were relatively unimportant in determining utilization. Individual, family, or social determinants were expected to be of greater significance in explaining differences in rates of utilization.

The model for this study, shown in figure 1, is an adaptation of the Andersen and Newman behavioral model of health service utilization.[12] The Andersen and Newman model was designed to empirically assess the factors that influence access and utilization of health services and to explain variations in utilization and distribution patterns for different types of consumers. The first component of the model, predisposing variables, is defined as individual characteristics that exist prior to the need or illness situation and that increase the individual's likelihood to seek formal help in times of need.[13] The study model included two
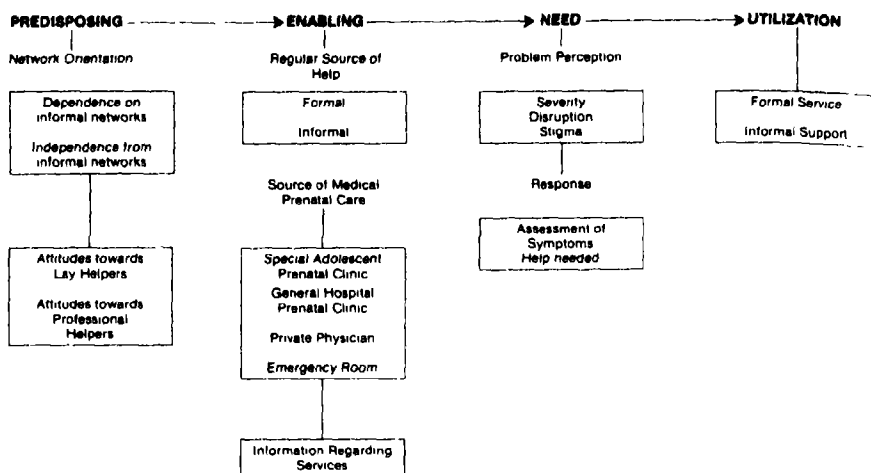
FIG. 1.—Conceptual model determinants of the use of nonmedical prenatal services for adolescents: key variables

categories of predisposing variables: network orientation—that is, dependence on or independence from kin and kith networks—and attitudes toward professional and lay helpers.

Enabling variables, the second model component, are defined as conditions that permit an individual to seek assistance—that is, availability and accessibility factors. Three measures were used in the study—regular source of help prior to the pregnancy condition; source of medical prenatal care, including specialized adolescent service or private medical practitioners; and knowledge of available services.

The final component of the model—need—corresponds to the category of "illness level" in the original model.[14] Theory suggests that need should be the most immediate cause of service use.[15] Assuming the presence of predisposing and enabling conditions, an individual must perceive a problem or need prior to seeking services. The study utilized a personal needs assessment designed to elicit information regarding problem perception, defined in terms of severity, disruption, and stigma, and to assess the respondents' need for help. Unmet need was then defined by comparing the respondents' perception of help needed and actual service (formal or informal) received.

The following hypotheses were tested: higher use of nonmedical services by pregnant adolescents will be associated with the teens'

1) independence from informal networks;
2) positive attitudes toward professional helpers;
3) use of formal services as a regular source of help;
4) use of specialized medical prenatal services for adolescents;
5) information regarding services; and

6) perception of their problem as severe, disruptive and nonstigmatic as measured by their personal needs assessment.

A sample of 54 first-time pregnant adolescent mothers from the metropolitan Toronto area were interviewed shortly after delivery of their children. Their names were drawn from the caseloads of three public health departments in Toronto. I conducted the interviews in the women's homes. The interview schedule included both precoded closed questions and open-ended questions designed to elicit information with regard to the key variables of the model as well as the sociodemographic data required for the study.

Findings

Cohort Description

As table 1 indicates, the study group did not differ in many ways from nonpregnant adolescents in metropolitan Toronto. As recent research suggests, these young mothers were simply less fortunate than their peers in that their sexual activity resulted in unplanned pregnancy.[16]

The average age of the study participants was 17.5 years, the youngest was 15, and the oldest 19 years of age. In terms of regular daily activities, their school attendance (63%) and employment experience (41%) at conception was comparable to that of their nonpregnant peer group in metropolitan Toronto (70.5% and 48%, respectively).[17] The majority had been dating the putative father for at least 1 year prior to pregnancy.

Table 1

Comparison of Selected Characteristics of Subjects in This Study with Teenagers in Metropolitan Toronto

	Metropolitan Teenagers (%)	Study Group (%)
Marital status:		
Married or common-law	5 3	25 5
Single	94 7	74 5
Living situation.		
With family	77 1	52.9
Away from family	22 9	47 1
Education.		
Attending school	70 5	63 0
Not attending school	29 5	37 0
Employment:		
Employed	48 1	41 0
Not employed	51 9	59 0

The study group did differ from the larger adolescent population in some ways. A significantly larger proportion (47% as compared to 23%) were living with their boyfriends or away from their families at the time of conception.[18] In terms of socioeconomic status, the overwhelming majority of the study group came from financially disadvantaged backgrounds, though they did not report severe economic hardship during their pregnancy. The pregnancy condition resulted in significant curtailment of education and work activities for many.

The study group was not representative. However it is similar to pregnant teenagers who opt to parent as they have been described in the recent literature.[19]

Sources of Support

Informal networks provided the most important source of support for the young women during pregnancy. While the majority (72%) described an independent network orientation—that is, few close ties with family and friends—all were able to identify at least one person to whom they felt particularly close and with whom they could talk about themselves. Almost three-quarters of the respondents could name three such relationships. Parents, boyfriends, and girlfriends were identified as the primary helpers during the pregnancy. No significant professional relationships were mentioned. The respondents indicated that, whatever their problems—during pregnancy or not—they would rarely consider turning to professional helpers for guidance. As table 2 indicates, the attitudinal measures pointed consistently to a greater tendency to use informal than formal helpers.

On the whole, the young women did not express strong negative emotions as a result of pregnancy. However, on further investigation it appeared that many suffered emotionally because of the pregnancy, the need to reveal it, and the need to decide on an appropriate course of action. While a small proportion of the sample (17%) admitted

Table 2

Responses to the Attitudinal Question, "How Often Do You Talk to the Following Type of People When You Are Upset about Things?" ($N = 54$)

	Frequently	Sometimes	Never
Special girlfriend	25	14	15
Other girlfriends	3	14	37
Boyfriend/husband	33	8	13
Parent(s)	26	13	15
Siblings	22	16	16
Doctor/nurse	12	15	27
Counselors (social workers, ministers, etc.)	8	6	40
Teachers/employers	1	6	47

some desire for pregnancy, the remainder viewed their condition as totally unwanted, and one-third considered abortion. However, none of the young women considered relinquishing her child at birth. The latter finding is consistent with recent trends in adolescent pregnancy Nearly 90 percent of teenagers who carry their pregnancy to term opt to keep their children.[20]

Service Use

Despite the importance of informal helpers, the majority of respondents (68%) used at least one specialized nonmedical prenatal service Prenatal classes were most used (57%), followed by education programs (30%), pregnancy counseling (25%), and teen groups (24%). The rate of service use for the study group is much higher than for the population of pregnant teenagers as a whole, which may reflect a sampling bias.[21]

All study participants received early and regular medical prenatal care (at least monthly assessments beginning at 3 months gestation). This is an encouraging finding in light of recent evidence pointing to the significant reduction of medical complications for teenagers and their offspring when appropriate medical prenatal care is accepted.[22] Ten of the 54 young women received their medical prenatal care in special adolescent clinics.

While the findings did not completely support all of the hypotheses, there were some associations that gave rise to additional questions and concerns. Use of specialized adolescent medical prenatal services, higher levels of information about the availability of services, and negative perceptions of the pregnancy condition were all related at statistically significant levels to the use of at least one specialized nonmedical prenatal service. Independent network orientation and positive attitudes toward professionals were not significantly related to service use but did show some trends in that direction. Regular source of care was not related to nonmedical service use.

The use of special adolescent medical prenatal services was related at the 0.01 level of significance to higher rates of nonmedical service use, that is, use of four or more services. Conversely, medical prenatal care by private physicians was related at the 0.05 level of significance to higher levels of unmet need.

In order to determine the relative influence of each of the independent variables on service utilization, multiple classification analysis was performed. Negative perceptions of the pregnancy condition proved to be by far the most significant determinant of the use of at least one nonmedical service, while the source of medical prenatal care was the most significant predictor of number of services used.

While most of the study group reported that they managed reasonably well during their pregnancy, those 32 percent who did not use formal services identified many areas of unmet need. The greatest unmet

need for this segment of the cohort was for education programs (50%), followed by prenatal classes (48%), teen groups (28%), and personal counseling (26%). Higher levels of unmet need for these particular women were significantly related to negative perceptions of the pregnancy condition—that is, to feelings of sadness, fear, and rejection, as well as to disruption of daily routines. Whereas negative perceptions of the pregnancy condition did predict use of at least one service, as indicated above, it is important to note that they were not related to higher levels of service utilization. This is where they should have been most significant, as respondents who revealed negative feelings regarding the pregnancy identified the most unmet need for services. Most of the nonusers reported that they were unaware of the available services and that they managed to fulfill their needs through their informal networks.

Discussion

This study was undertaken in an attempt to determine why specialized nonmedical prenatal services for adolescents are so poorly utilized. The study group was small and can obviously not be used to explain all possible variations in service use among pregnant adolescents. However, the findings point to some possible answers and suggest directions for further research and service development.

Many of the pregnant adolescents in the study reported that they did not need or want the special services that are designed for them. My findings indicated that most were quite satisfied with their status as new mothers. The overwhelming majority received significant informal support from family, boyfriends, and friends. However, despite their "survival" of the pregnancy experience, many areas of need were identified.

The service priorities of this population were determined by combining the total number of respondents who actually used special services with those who would have liked to use them. As table 3

Table 3

FORMAL SERVICE USE AND NEED, NUMBER OF RESPONSES (N = 54)

Service	Use	Unmet Need	Total
Prenatal classes	31	11	42
Education	16	18	34
Teen groups	14	11	25
Pregnancy counseling	15	6	21
Personal counseling	8	12	20
Drop-in centers	7	8	15
Maternity home—residence	4	5	9

indicates, the largest proportion of the study group (77%) used or needed prenatal classes. This service was followed in importance by special education programs (63%), groups for pregnant teenagers (46%), pregnancy counseling (39%), and personal counseling (37%). The needs and desires of pregnant teenagers, as they perceive them, must be investigated and incorporated into future program planning.

Would more adolescents use special nonmedical prenatal services if they knew about them? A discussion of the issues of service accessibility, stigma, and informal networks may provide some answers.

Access

Access appears to have been a significant deterrent to nonmedical prenatal service use for this study group. My findings indicate that attendance at adolescent clinics and at school was significantly related to use, probably through the increased awareness and sensitivity of the personnel with whom the adolescents came in contact. If other study participants who expressed unmet needs had encountered these same helping professionals, they, too, may have used services. As indicated above, use of private doctors was negatively related to nonmedical service use. Thus, it appears that the failure to become involved in programs may be more strongly related to a lack of information than to attitudes or to reliance on informal services.

While definitive conclusions cannot be reached as to the reasons for the higher nonmedical service use by adolescents who received their medical prenatal care in special adolescent clinics, one may question the low incidence of referral from private physicians to services such as education programs, prenatal classes, counseling, teen groups, and the like. Service providers in teenage clinics appeared to be better informed about the needs and the available services for pregnant adolescents and more receptive to their use. Private physicians are no doubt aware of the potential consequences of early unplanned pregnancy for adolescents and their offspring. However, they are apparently less likely than clinics to refer teens to nonmedical services.

Stigma

If it were possible to equalize access, would services reach all in need? In all likelihood, more young women would use the available services, but many would still resist formal help. Why is this so? In my experience, stigma appears to be a significant deterrent to help seeking. The request for service requires the admission of a problem. It also entails the risk of being labeled or simply feeling deviant or incapable of independent functioning. For the frightened and embarrassed teenager, a decision to request professional help may be too difficult to make. Misinformation about available services may serve to inhibit service requests even

more. These young women may fear the service orientation, the expected push toward adoption, and the negative staff reactions.

Informal Networks

Research suggests that social networks can play a significant role in expediting or delaying the utilization of formal health or social services.[23] Differences in network size, in the strength and direction of ties, in the ability to provide needed supports, and the network beliefs about the utility and reliability of formal services may result in variations in use. A key indicator from previous research points to the importance of dependence on or independence from informal networks as a measure of the likelihood to use formal services. Large, interlocking networks of kin and friends tend to be associated with network dependence, while smaller differentiated networks may be expected to reflect a higher degree of independence and a greater likelihood to use formal services.

For many in the study group, it appears that emotional support was readily available in the immediate environment. The proportion of respondents using at least one nonmedical service did not differ by network orientation. However, the rate of service use was higher for those with an independent network orientation. Despite the lower levels of service use by those who were dependent on informal sources, there was no difference in unmet needs. We may assume, therefore, that the segment of the sample with a dependent network orientation received more help than the others from informal sources and that they experienced less need for formal services.

As recent studies have shown, adolescents in particular and service consumers in general tend to turn first to informal sources as a means to fulfill their needs. Only when these attempts fail do they approach formal service systems. For some, informal network beliefs may act as a deterrent to formal help seeking. For the study group, however, this did not appear to be the case.

Conclusion

My findings indicate that most pregnant teenagers receive strong informal supports and manage adequately without formal intervention. Others could benefit greatly from such help.

Adolescents should be provided with specific information early in their lives, in health and sex education classes, so that if they experience an unplanned (or planned) pregnancy, they will know where to get help when they need it. Parents, informal helpers, school personnel, and doctors should be informed about potential problems and support systems. The private medical practitioner has, perhaps, the greatest

potential to initiate a holistic approach to the management of adolescent pregnancy. While the traditional perception of the doctor as the sole player in caring for pregnant teenagers must change to include referral to nonmedical service programs where appropriate, the doctor will continue to be the first point of access for most young women. The doctor's understanding of the psychosocial needs of pregnant adolescents as well as his or her receptiveness to and awareness of available helping systems may provide the first and most important service link for young women in need.

Notes

1 Catherine S. Chilman, ed., *Adolescent Pregnancy and Childbearing: Findings from Research* (Washington, D.C.: Department of Health and Human Services, 1980), and Diane Sacks, J. Grant Macdonald, Benjamin Schlesinger, and Camille Lambert, *The Adolescent Mother and Her Child: A Research Study* (Toronto: University of Toronto, Faculty of Social Work, 1982).

2 Jane Menken, "The Health and Social Consequences of Teenage Childbearing," in *Teenage Sexuality, Pregnancy and Childbearing*, ed. Frank F. Furstenberg, Jr., Richard Lincoln, and Jane Menken (Philadelphia: University of Pennsylvania Press, 1981), pp. 167–83, and Kristen A. Moore and Martha R. Burt, *Private Crisis, Public Cost: Policy Perspectives on Teenage Childbearing* (Washington, D.C.: Urban Institute Press, 1982).

3 Lorraine V. Klerman, "Programs for Pregnant Adolescents and Young Parents: Their Development and Assessment," in *Teenage Parents and Their Offspring*, ed. Keith G. Scott, Tiffany Field, and Euan Robertson (New York: Grune & Stratton, 1981), pp. 227–48.

4 Susan MacDonnell, *Vulnerable Mothers, Vulnerable Children: A Follow-up Study of Unmarried Mothers Who Kept Their Children* (Halifax: Department of Social Services, 1981), and Moore and Burt.

5 Alan Guttmacher Institute, *Teenage Pregnancy: The Problem That Hasn't Gone Away* (New York, Alan Guttmacher Institute, 1981).

6 Klerman.

7 Donald Michael Fuchs, "Determinants of the Use of a Teenage Clinic in a Metropolitan Hospital" (doctoral thesis, University of Toronto, 1980), and Lonnie K. Zeltzer, Paul M. Zeltzer, Thomas L. Slovis, and George D. Comerci, "The Adolescent Clinic—a Model and Profile," *Clinical Paediatrics* 16, no. 5 (May 1977): 426–30.

8 Ann G. Bergman, "Determinants of the Use of Nonmedical Prenatal Services for Adolescents" (doctoral thesis, University of Toronto, 1986).

9 Wendy Baldwin and Virginia S. Cain, "The Children of Teenage Parents," *Family Planning Perspectives* 12, no. 1 (January/February 1980): 34–43, and Tiffany Field, "Early Development of the Preterm Offspring of Teenage Mothers," in Scott et al., eds.

10 Klerman.

11 Fuchs, and Guy S. Parcel, Philip R. Nader, and Michael P. Mayer, "Adolescent Health Concerns, Problems, and Patterns of Utilization in a Triethnic Urban Population," *Pediatrics* 60, no. 2 (August 1977): 157–64.

12 Ronald Andersen and John G. Newman, "Societal and Individual Determinants of Medical Care Utilization in the United States," *Milbank Memorial Fund Quarterly* 51, no. 1 (Winter 1973): 95–124; and John B. McKinlay, "Some Approaches and Problems in the Study of the Use of Services—an Overview," *Journal of Health and Social Behavior* 13, no. 2 (June 1972): 115–51.

13 Andersen and Newman.

14 Ibid.

15 Ibid.

16 Doris Elsie Guyatt, "Adolescent Pregnancy: A Study of Pregnant Teenagers in a Suburban Community in Ontario" (doctoral thesis, University of Toronto, 1976); and

Michael D. Resnick, "Studying Adolescent Mothers' Decision Making about Adoptio and Parenting," *Social Work* 29, no. 1 (January/February 1984): 5–10.

17. Statistics Canada, *Population. Language, Ethnic Origin, Religion, Place of Birth, Schooling* catalog no. 93-930 (Ottawa: Statistics Canada, 1984), and "Labour Force Activity (Population 15 years and over by Sex and Age Groups," microfiche file no. SDE81B1 (Ottawa: Statistics Canada, 1982), table SDE81B11, no. L10.

18. Statistics Canada, "Population in Private Households by Census Family Statu and Age of Children and Non-family Persons," microfiche file no. SDF81A20 (Ottawa Statistics Canada, 1982), table SDF81A21, no. E13.

19. Guyatt; and Ernie Lightman and Benjamin Schlesinger, "Non-married Mother in Maternity Homes" (Toronto: University of Toronto, Faculty of Social Work, 1980

20. MacDonnell (n 4 above); and Lawrence Simkins, "Consequences of Teenag Pregnancy and Motherhood," *Adolescence* 19, no. 73 (Spring 1984): 39–54.

21. It is possible that those women who agreed to participate in the study were moi receptive to service use

22. Baldwin and Cain (n 9 above); and Field (n. 9 above).

23 Benjamin H. Gottlieb, "Lay Influences on the Utilization and Provision of Healtl Services—a Review," *Canadian Psychological Review* 17, no. 2 (April 1976). 126–36; an John B. McKinlay, "Social Networks, Lay Consultation and Help-Seeking Behavior, *Social Forces* 51, no. 3 (March 1973): 275–92

Debate with Authors

Comments on "Delivering Services under Permanency Planning"

Richard P. Barth
University of California, Berkeley

Michael Sosin's "Delivering Services under Permanency Planning" (*Social Service Review* 61 [June 1987]: 272–90) contains interesting data about the delivery of services in Wisconsin under permanency planning. Unfortunately, Sosin commits a classic academician's error—conducting a careful analysis on a dependent variable that is so narrowly defined as to mislead.[1] Whereas the concept of "permanency planning" lacks consensual meaning, I think few would agree with Sosin that it can be boiled down to "the speed at which children are discharged from care" (p. 275). Children deserve to have permanent plans made as soon as possible, but some children will be in care a long time for good reason. Adoptions should not take years to complete, but they often do. A "fast adoption" is virtually an oxymoron, yet the great majority of adoptions successfully promote children's long-term developmental needs and result in permanence.[2] Wisconsin should be praised for being among the nation's leaders in preventing the need for long-term foster care through the use of adoption, yet Sosin discounts efforts to terminate parental rights and make adoptions possible as "spending time on low-probability outcomes" (p. 285).[3]

Sosin's study has other significant shortcomings as does most child welfare research.[4] None is so fundamental as the confusion between speed and accuracy as the goal of permanency planning. Sosin's suggestion that workers should engage in less discussion of parental-right terminations and adoption plans with birth parents because they are "inconsistent with quick discharges" (p. 285) is the result of such confusion. Birth families must hear that the failure to complete the reunification plan is grounds for termination of their parental rights. Also, Sosin's suggestion of a causal relationship between such discussions

and longer periods of care probably describes the reverse of what occurs—after longer periods of care, the law requires that the courts must consider parental-right terminations and alternative permanent plans—starting with adoption. Social workers must prepare birth families for these upcoming actions.

I am not arguing that services are optimum in Wisconsin or any other state but only that services that determine the fate of our nation's most deprived children should not be designed only to be brief. To better assess the performance of permanency planning services, the dependent variable should capture, at least, the difference between long unnecessary stays in foster care that later result in a return to an unsafe home and long and necessary stays in foster care (required to address legal protections of birth parents) that ultimately result in a safe and permanent relationship with a birth or adoptive family. If it takes several years of care to be sure that a child winds up in a safe home, it is worth it. Such delays should not be confused with those resulting from inadequate case reviews and decision-making guidelines. Whereas time limits are an integral feature of permanency planning, their importance is relatively small compared to vigorous placement prevention and family reunification services, periodic case reviews, and emphasis on adoption over long-term foster care.

Notes

1. Some of the problems with using length of time in care as an outcome are discussed in Robert M. Friedman, A. Baron, Sharon Lardieri, and J Quick, "Length of Time in Foster Care. A Measure in Need of Analysis," *Social Work* 27 (1982): 499–503

2. Richard P. Barth and Marianne Berry, "Outcomes of Child Welfare Services under Permanency Planning," *Social Service Review* 61 (1987): 71–90, *Older Child Adoption and Disruption* (New York: Aldine, in press).

3. U.S. Department of Health and Human Services, *Child Welfare Statistical Fact Book 1984 Substitute Care, Adoption* McLean, Va.. Maximus, 1984).

4. For example, he ignores possible differences in the numbers or types of clientele across counties and across the study period and apparently fails to adjust his results to account for children who began their tenure in foster care before permanency planning

Author's Reply

Michael R. Sosin
University of Chicago

I generally agree with Richard Barth that an analysis of the entire foster care system is complex. However, I think that he mistakes my analysis of one aspect of the system for advocacy and also misrepresents my subject, analysis, and conclusions.

As I read his comment, Barth claims that my article is all too concerned with the length of time children spend in care. He notes that this is not the only appropriate goal of permanency planning and that my analysis and

leged conclusions recommending speed overlook the need of child welfare stems to also include other aspects that might take additional time, such as ıcouraging the formation of accurate and adequate placements. He is par- :ularly troubled by what he claims is my support for a reduced emphasis on loption, allegedly advocated simply because worker discussions of "parental ghts terminations and adoption plans with birth parents" are "inconsistent ith quick discharges." Finally, he adds a note concerning technical problems ıth my analysis. I deal with each point in turn.

I focus not on the exact amount of time a given child spends in care but n the proportion of children in each county who are in long-term care. This oes not imply that speed is everything or that long-term care is always in- ppropriate. In fact, my final paragraph is very careful to note that procedures med at reducing long-term care "may not be appropriate for all cases" (p. 88) I only mildly suggest that a low proportion of long-term cases may be uperior, and I note the need for further analysis of issues involving quality f services (e.g., pp. 285, 287, 288). I mostly focus on long-term care because has a special place in the permanency planning movement, and there is ontroversy over its relation to the implementation of the services I measure

As this implies, while Barth claims that I confuse "speed and accuracy" of lanning, ignoring the latter, I specifically separate them and consider each. ne focus of the article is assessing whether "there is a trade-off between ppropriately delivering services and reducing the length of stay in care" (p 74) Services, in turn, are measured in ways that represent aspects of per- ıanency planning Barth and most experts specifically state improve accuracy ınd also other outcomes Barth mentions, such as appropriateness and ade- uacy).

I think that the results demonstrate that, in general, delivering services does ot relate to higher proportions of children being in care for long periods, nd this is an important conclusion that Barth may be overlooking. To be ıre, the fact that there does not appear to be a large positive relation between elivering most types of services and the dependent variable is also noted (p. 82). While I do not think that the subject of the article was such that I should ave emphasized this, these findings suggest the need for a serious rethinking f service delivery that will eventually result in a viewpoint that is much more omplicated than either Barth's original position or the typical points of view contrast The complicated relations between the various elements indeed eem to demonstrate that Barth's suggestion for relying on a single dependent neasure including speed, accuracy, and ultimate outcomes may be difficult, f not impossible, to accomplish.

It is true, as Barth notes, that I argue that the focus on adoption in a large proportion of cases is apparently consistent with high rates of long-term care n the counties. But I do not imply that this automatically indicates that doption should be deemphasized. Rather, my argument about the possible overuse of explorations of adoption by a minority of workers is based on at east three findings (p. 285). Adoption generally is expected to be used in only 13 percent of all Wisconsin cases, about 36 percent of workers say that hey explore this option for at least a majority of cases (while in a typical ounty, less than 20% of cases are even in care for over a year); and the proportion of cases that have been in care for a long period is higher in ounties in which workers explore adoptions more frequently. In other words, while Barth rightly notes that, if adoption is an appropriate plan, its correlation to longer times in care should not prevent its use, it is possible that workers in some counties explore this option much more frequently than is warranted and that the time spent in care for some children in some counties is unnecessarily

long as a result. Indeed, this policy point is only tentatively suggested (p. 288); my basic conclusion is that the information suggests that something very complicated is occurring and that more research is needed (p. 285).

Finally, I acknowledge some technical limits of my research in the text and notes (pp. 279, 281, 282, 284, 287, 289, 290). Nevertheless, Barth's claim that I should take into account the proportion of children who entered care before permanency planning is dubious. Permanency planning was implemented in Wisconsin years before my survey was conducted; further, all children should have had at least some reviews under permanency planning by the time of the data collection. I speak to his point about the need for further statistical controls in my note 12 (pp. 289–90).

Author's Reply

Colin Peile
Queensland, Australia

I am thankful that Martha Heineman Pieper has helped to clarify my uncertainty about her relationship to the normative paradigm, and I apologize for any uneasiness such an association may have caused. This association was made early in my paper, "Research Paradigms in Social Work: From Stalemate to Creative Synthesis" (*Social Service Review* 62 [March 1988]: 1–19). I later went on to suggest that the heuristic paradigm that she promotes is similar to the new paradigm research approach (pp. 12–13). Her reply to my paper is not explicit about whether this association is more acceptable, although her comments have strengthened my assessment that she would find considerable common ground with this school of thought. Heineman Pieper has been a tireless contributor to the debate, and I trust she will reaffirm her position in the debate if I still have misunderstood.

I am also thankful she has sought to rectify the problematic ontology that she argues undermines my conceptual analysis. Unfortunately, I am confused about the criticisms she proposes and require further clarification if I am going to use them to rework my argument. My first confusion is that Heineman Pieper appears to claim she has achieved what she argues is an impossible task. She claims a true synthesis of empiricism and normativism is not possible because they are mutually exclusive or distinct ontologies. In my reading of her last paragraph, is she not implying that this is exactly what the heuristic in its inclusiveness is doing?

I agree with Heineman Pieper that the empiricist and normative paradigms are ontologically distinct. In fact I tried to make this very clear in my paper by identifying the paradigmatic assumptions that lie behind each paradigm. Where we differ is that, although I can see their distinct nature, I can also see how inseparable they are and how in many ways they are alike or isomorphic. As opposing paradigms in contradiction with each other they rely on each other for definition, a point I explained in my paper (p. 5). It is the search for these unifying features, to connect what appears disconnected, that is the basis of my approach. This search is informed by a cosmology based on

Bohms's work, which says everything is enfolded in every other thing, that everything is connected.[1] This means that even ways of thinking about reality that appear explicitly distinct may at the same time be inseparable from each other at an implicit level. These assumptions must be understood before deciding whether a synthesis of empiricism and normativism is possible or not within the creative paradigm.

I agree that the heuristic provides a synthesis, and I would like to better understand the paradigmatic assumptions on which this synthesis is based. This would assist me with a further uncertainty I have with Heineman Pieper's criticism of my paper. She suggests that all I can achieve is a syncretistic mixture. However, in my mind this is far more a danger for the heuristic paradigm, which is inclusive of different approaches, in contrast to the creative approach, which explicitly avoids mixtures seeking a unified wholistic position. My uncertainty is compounded because Heineman Pieper appears to want to avoid the label of absolute relativism, and yet relativism is certainly one of the paradigmatic assumptions that can provide a basis for the sort of synthesis she advocates. In earlier writings she has appeared more comfortable with the relativist assumptions.[2]

While uncertain about the above elements of Heineman Pieper's criticism, I am very pleased that her comments have focused on the nature of synthesis. The exploration of this area I believe will open up new and creative possibilities for both social work researchers and practitioners. While Heineman Pieper and myself appear to disagree about the means of achieving synthesis, it is reassuring for me that we are both seeking a true synthesis that is neither misleading, divisive, or a syncretistic mixture. I will watch with interest for the development of her ideas in this area.

Notes

1. D. Bohm, *Wholeness and the Implicate Order* (London: Routledge & Kegan Paul, 1980).
2. M. B. Heineman, "Author's Reply," *Social Service Review* 56 (March 1982): 147

Book Reviews

Poverty Policy and Poverty Research. By Robert H Havemann. Madison: University of Wisconsin Press, 1987. Pp 307.

Robert Havemann saw the election of Ronald Reagan in 1980 as the end of the War on Poverty. He began this book in 1981 as the chronicle of a bygone era, to describe and assess the effect of the war on research in the social sciences—mainly economics. His long involvement in poverty research, especially at the Institute for Research on Poverty, gives him the best possible background for such an assessment

Havemann first describes the strategic decisions concerning which battles to fight, made at the beginning of the War on Poverty in 1964. He believes that the basic thrust of the war was to improve the labor-market performance of the poor through manpower training and education programs. Community action and legal services were part of this approach, as were efforts to improve the political position of the poor. Medical and nutritional programs were also intended to improve productivity. This was the "direct attack" on poverty. The rest of the book, however, focuses mainly on the cash low-income benefit programs. Three chapters address poverty measurement issues, income support policy, and social mobility; only one discusses education, training, and labor markets He has little to say about either social service programs or research

Havemann describes the growth of poverty research, including institutional development, professional publications, and research outlays, as well as the substantive achievements. These discussions are largely limited to the years of the political War on Poverty (1964–80) Perhaps this is unavoidable, the book must stop somewhere. But it seems too restrictive. The research on poverty continued after 1980 even though the policy changed.

One section discusses methodological benefits emanating from poverty research: social policy experiments, microsimulation models, and the narrower topic of correcting selection bias Again, most examples are taken from income-maintenance programs and issues, rather than labor markets and education programs The housing voucher and health insurance experiments are mentioned in a paragraph.

The improvements in research techniques have indeed been impressive since the mid-1960s, but Havemann attributes too much of the methodological progress to the War on Poverty alone. He ignores the quantum leap in technology that occurred just before this war began, where computers came into use for empirical research. Many of the methodological improvements that occurred in the context of poverty research would certainly have happened if other issues had been prominent on the policy agenda. It would be interesting to

analyze the effect of the new technology on the political decision to fight poverty and study it at the same time

Havemann writes about the effect of policy on research rather than the effect of research on policy. This is fine as far as it goes, but the latter relationship is probably more interesting and ultimately more important. The research that Havemann describes was policy research; it was funded to help resolve policy issues.

In an epilogue, written in 1986, Havemann acknowledges that his 1981 expectations have not been borne out. The War on Poverty did not end; programs were scaled back and modified, not terminated. He looks forward to renewing the war. Should that happen, policymakers will want to know what has been learned from the research effort that Havemann describes. They are likely to be disappointed. Havemann touches on the policy relevance of various research efforts, but his remarks are *tantalizingly brief* He ends many discussions with a plea for further research. He states that the current welfare reform consensus in favor of education, job training, work and family stability is informed by the 1965–80 research, but he does not show how One of the specific achievements he mentions—the valuation of in-kind benefits—is important analytically but marginally useful politically; since the Census Bureau began to publish annual poverty rates both excluding and including in-kind benefits as income, the rates have moved together. Democratic Congressman Robert Garcia of New York has wanted to prohibit further research because the poverty rate is politically "too low" when in-kind benefits are counted. This is not encouraging for research or policy.

Every author is entitled to write his or her own book instead of the book that reviewers want to read Still, I cannot help wishing that Havemann had brought his long experience to bear on the policy implications of poverty research, instead of the research implications of poverty policy. The 1986 epilogue suggests that Havemann himself may have eventually felt limited by his initial misjudgment of the political situation The epilogue could well be the introduction to a new book

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Office of Management and Budget

Special Children—Special Risks: The Maltreatment of Children with Disabilities. By James Garbarino, Patrick E. Brookhouser, Karen J. Authier, and associates. New York: Aldine De Gruyter, 1987. Pp. ix+311. $38 95.

Ten percent of children have some form of chronic or handicapping condition. Of these, a small number have special needs for care, of those, an undetermined yet significant proportion are victims of child abuse or neglect. *Special Children—Special Risks* focuses on one specific and relatively less well known area of child abuse and neglect, the maltreatment of handicapped, mentally retarded, and chronically ill children. By bringing a variety of experts together not only from medicine and social work but also from developmental psychology, psychiatry, clinical psychology, education, child welfare, law, public policy, and journalism, Garbarino, Brookhouser, and Authier seek to draw attention to

* The opinions expressed are those of the reviewer, not necesssarily those of the Office of Management and Budget

this important problem. Written primarily by specialists in the field of child abuse and neglect, *Special Children—Special Risks* presents descriptive analyses, therapeutic recommendations, and intervention strategies that should be of particular interest to social workers.

In the first chapter Garbarino offers an overview of the question of what constitutes child abuse, an examination of typical problems with its definition, a discussion of factors that contribute to child maltreatment, suggestions as to the appropriate community response to child maltreatment, and an analysis of factors that increase the likelihood of a child's being maltreated. Subsequent chapters deal with, among other issues, the role of family, siblings, peers, and educators in the daily life of all children and especially in the functioning of the child with special needs. Much of the data in the book is derived from studies dealing with the abused able-bodied child, which the various authors extrapolate to discussions of the disabled abused child. The authors are hampered by the general lack of literature on disabled children and the paucity of well-designed research for studying their special problems. It is surprising that published studies of children with chronic and handicapping illness, by Perrin, Perrin, Stein, Jessop, Pless, and Ireys, were not reviewed or quoted. These authors have studied the risks for complex social, emotional, educational, and psychosocial disturbances occurring in children with chronic or handicapping disorders. Their findings support the view that these risks are significantly magnified by a parent or a system that maltreats such children.

Sullivan and Scanlon contribute an excellent review of major aspects of therapy, including psychotherapeutic issues as well as methods and techniques pertinent to all abused children, but with special attention to the maltreated handicapped child. It is difficult to lump children with diverse chronic and handicapping conditions into a single group as they are not homogeneous, but the authors offer clear guidelines for treating these patients. Therapists should not only have aptitude, training, and experience in this area, but they should also *want* to care for these children. Children and adults with handicapping conditions are often regarded as second-class citizens, and therapists need to understand the rub-off effect, in which patient status colors therapist status in this field. The choice to work with this important population should be a deliberate one.

As clearly argued in this book, if the special problems peculiar to the child with chronic illness or handicapping conditions are not addressed, further maltreatment can result. Understanding these special problems is the key to secondary prevention of further abuse. It also needs to be emphasized that physical abuse can and does result in handicapping conditions. Direct blows to the head or violent shaking of a young child can result in bleeding within the brain, causing cerebral palsy and mental retardation; near-miss drowning secondary to neglect can cause similar neurological deficits; and immersion burns can cause disfigurement and handicapping conditions. Prevention must include attention to such initial and causal handicapping conditions.

This book offers a comprehensive review for those interested in the history of the federal government's acknowledgment of and involvement with children's issues. It is fascinating to reflect on the history of social attitudes toward children and the comparatively recent historical recognition that children, too, have rights and needs. Even more recent is the legal system's acknowledgment of the rights of children with special problems.

There are two disappointing features of this book. First, sorely missing is any systematic discussion of the problems of neglect in connection with this population of children. Child neglect is the most prevalent form of maltreatment for all children. Further, neglect has been found to be even more prevalent

than physical abuse among the population of children with chronic illness and handicapping conditions. "Neglect" in these cases has been categorized into five distinct but often interrelated types: medical care neglect, educational neglect, abandonment, emotional neglect, and physical neglect. Each type causes short-term and possible long-term morbidity unique to the population of chronically ill children. Neglect of handicapped children creates special ethical dilemmas and challenges for those involved in their medical and psychosocial care. The issues are sufficiently trying and difficult to all caretakers to warrant more attention than given here

A more minor disappointment concerns the use of the problematic phrase "special children" in the title. Most of those who care for children with handicaps and chronic illness have the attitude that they are children with special needs and not special children. They are children who, like any others, should be supported and guided to obtain their own maximum potential.

Nevertheless, *Special Children—Special Risks* offers a good review of the issues around maltreatment of children. The book admirably accomplishes its goals of analyzing special risks faced by abused, handicapped children and identifying intervention strategies to protect them. Social workers and psychologists who care for handicapped children of all kinds will find this book a helpful resource.

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LaRabida Children's Hospital

Object Relations Family Therapy. By David E. Scharff and Jill Savege Scharff. Northvale, N.J.: Jason Aronson, Inc , 1987 Pp. xvii+503. $40.00.

Social workers have long recognized the importance of both individual and family-centered treatment models. Until recently, however, the worker was forced to choose between these two as disparate approaches Object relations family therapy provides a practice model that places the individual squarely within the family context. It is a model that promotes integration, and is, consequently, a model that social workers are likely to welcome.

Object Relations Family Therapy by David Scharff and Jill Savege Scharff presents the psychoanalytic family therapy model that is practiced and taught at the Washington University Department of Psychiatry. The Scharffs draw extensively on the British approach to object relations theory and from this base present a treatment model that contributes significantly to the larger body of object relations family theory.

Object relations family therapy is based upon the assumption that early relationship experiences are internalized and repeated in subsequent intimate relationships. Unresolved conflicts and relationship patterns are reenacted between spouses and between parents and their offspring, who, in turn, internalize these into their own identity and view of others In this way the intrapsychic, the interpersonal, and the intergenerational are entwined.

A second assumption of object relations theory is the importance of the therapist's own awareness of responses elicited by family members and the family as a whole. The Scharffs emphasize the importance of countertransference throughout the book and illustrate the concept in a thorough and creative manner.

The book is comprehensive and stimulating, with detailed case vignettes and informative case discussion. The authors begin by placing object relations

family therapy within a broader context. This is an unfortunate beginning, for they present an overwhelming amount of information in a scattered and superficial manner. The Scharffs are best when they focus on specific aspects of their own model and provide the necessary structure to penetrate this rich material.

After a brief overview of the British school of object relations, the Scharffs introduce the importance of the family's holding functions. They present an image of relationships and individuals flourishing within an envelope of responsive caring. Within this paradigm, the therapist is able to respectfully accept the needs and emotional experiences of the family. The family's own holding capacity and ability to support each member's growth through developmental tasks becomes a focal point of assessment and treatment.

The heart of the model is to be found in the chapters addressing technique and transference. The Scharffs have carefully selected and organized both theory and case vignettes. As they point out, the therapist's role is to join, validate, and provide new meaning to the family's experience. Families often struggle with unconscious patterns that define and influence feelings and interactions. These projective identifications serve to keep family members bound together but emotionally isolated. The techniques effective in intervening in these dynamics, including interpretation and use of countertransference, are clearly defined and illustrated.

All social workers who work with families will benefit from the section titled "Life Phases in Family Therapy." Here, the Scharffs discuss the importance of including very young children in treatment and offer an expanded notion of assessment of parenting and sibling relations. Other chapters in this section deal with families with play-age children, and the authors offer new ways of understanding and using play in the treatment context. The Scharffs show a high level of sensitivity and respect for people of all ages and are able to juxtapose normal developmental needs with family dynamics that facilitate or impede growth. Case studies of families experiencing divorce, remarriage, and death add to the breadth of this model. There is ample case material throughout that is carefully chosen to illustrate both the assessment and treatment processes.

Although I found this book to be engaging and inspiring, I was discouraged that the authors limited their understanding of object relations to the concepts of the British theorists. Kernberg's and Kohut's contributions are dismissed, and the object relations family therapy literature that incorporates these ideas does not appear in this volume. This is especially puzzling because the senior members of the Washington group were pioneers in defining and treating borderline and narcissistic family systems.[1] Failure to include this theory weakens the Scharffs' approach to projective identifications and to marital theory. Readers who are interested in these aspects of object relations family therapy will be disappointed in this text.

One other criticism of this model concerns the Scharffs' approach to gender-determined tasks in nurturing. It seems antiquated to advocate a structure of family functioning that promotes children being dependent only on their mother, who is in turn dependent upon her husband for nurturance. This structure does not reflect the realities of contemporary family life or the dynamics that promote health. Readers who are not familiar with other object relations family theories should not mistake this as a position of the entire field.[2]

Overall I recommend this book for all who are interested in integrating individual and family treatment approaches. This is a long-term treatment model that may not be applicable in all social work settings, but the approaches

to treatment and the techniques will be stimulating to all. This book will be especially helpful to those who have had some theoretical exposure to object relations family therapy and are interested in gaining a deeper clinical understanding of the model.

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Notes

1. David A. Berkowitz, Roger L. Shapiro, and John Zinner, "Concurrent Family Treatment of Narcissistic Disorders in Adolescence," in *Advances in Family Psychiatry, Vol I*, ed. J. Howells (New York: International University Press, 1979), pp. 129–46

2. Samuel Slipp, *Object Relations A Dynamic Bridge between Individual and Family Treatment* (New York: Jason Aronson, 1984), pp 39–58, Linda Schwoeri and Frank Schwoeri, "Interpersonal and Intrapsychic Dynamics in a Family with a Borderline Patient," *Psychotherapy Theory, Research and Practice* 19 (1982) 198–204; Melvin R. Lansky, "Treatment of the Narcissistically Vulnerable Marriage," in *Family Therapy and Major Psychopathology*, ed. M. Lansky (New York· Grune & Stratton, 1981), pp 163–82.

Tough Change: Growing Up on Your Own in America. By Bernard Lefkowitz. New York: Free Press, 1987 292 pp. $19.95

The literature on adolescence has its own special irony. For decades following the modern invention of the concept of adolescence, the professional literature has been filled with evidence of this developmental period's "normal" idiosyncrasies, aberrations, and turmoil. Consensus has emerged concerning the abnormalities that characterize normal adolescence. Article after article and book after book have examined such allegedly typical attributes as adolescent narcissism, depression, confusion, rebellion, moodiness, and hedonism. Those who find adolescents frustrating tend to find at least some solace in the fact that the uncommonness of adolescents is common, predictable, and, usually, transitory.

Sadly, all of this is only partly true Although the nature of mainstream adolescence now is quite familiar, albeit often unsettling, there is a less familiar strain that is far more disturbing: growing numbers of youths who are stumbling through life unattached and truly alienated. They are estranged from family, school, friends, religious institutions, and the world of work Their lives seem untethered, as if they have been dropped alone in a foreign land, with no compass, a limited ability to engage in informed discourse, and few resources. They are the tragic fallout from grossly dysfunctional families, various forms of physical and emotional abuse, hostile and dangerous communities, and a complicated society that somehow has managed to produce it all.

These youths are the subject of Lefkowitz's *Tough Change* The author uses his extensive background in journalism to bring these youths closer to the reader than most academic authors have done. The book is based largely on Lefkowitz's interviews with hundreds of youths located in 15 cities and localities as diverse as Newark, New Jersey; Flint, Michigan, Fort Worth, Texas; Newport, Kentucky; and several small Appalachian communities. This is not a precisely organized summary and discussion of empirical research data. Rather, Lefkowitz has given us a lively, engaging, poignant, and chilling walk through the streets

on which many of these youths live. In *Tough Change* we are able to peer inside these lives in a way that statistical summaries of data do not permit.

The topics around which Lefkowitz organizes his discussion are common enough, although the familiarity does not diminish the list's importance. He is mainly concerned about the perverse nature of these youths' family lives, their school experiences, their delinquent behavior, and the pathos of life on the street. Lefkowitz dwells on the pathetic relationships between these isolated youths and their parents, what it means to run away from home, teenage prostitution, delinquency, horrifying neglect and abuse, poverty, and drugs. He examines why youths drop out of school and life, the intractable shortcomings of public education, and the role of work in the lives of America's youths.

Lefkowitz has produced an unusually graphic and realistic portrait of these most troubled and troublesome youths, and for this reason *Tough Change* is a depressing book to read. This is as it should be. Lefkowitz does not sugarcoat these lives. He lets them speak for themselves, and the picture is not pretty. Fortunately, this overwhelmingly sober portrait is tempered somewhat by a handful of inspiring success stories. We need to know that in some instances, it is possible for truly caring professionals, community leaders, and families to make a big difference. Nonetheless, *Tough Change* should not be read for inspiration. Lefkowitz has effectively shown us our collective failure.

Tough Change reads more like a series of short stories than a carefully crafted essay. Readers who are looking for a "docudrama" in printed form about America's most troubled children will find the book quite rich. What *Tough Change* offers in breadth, however, it lacks in depth, and this feature may frustrate those who are looking for sophisticated analyses of the topics Lefkowitz broaches. The book offers tastes and glimpses, not sustained, penetrating dissection. Although Lefkowitz sprinkles a variety of data and citations of academic literature to add some depth to his discussion of topics such as poverty, crime rates, illiteracy, and teenage pregnancy, his aim is not to use his interview material as a vehicle for conventional academic discussion.

This is not a criticism of Lefkowitz's style, for it does not appear that he set out to write solely for an academic or sophisticated professional audience In fact, given the plethora of traditional academic writings on this population of youths, Lefkowitz's rather colloquial style adds a refreshing and uniquely informative dimension to our literature.

My main concern about *Tough Change* is that I had difficulty finding its center of gravity. The author's path seems to wander (much like the youths he writes about), and I had trouble connecting where he had been with where he seemed to be headed. On several occasions I found myself flipping back through the book to try to figure out his train of thought. I wasn't always successful.

It will interest social workers that Lefkowitz's professional concern about youths began in the early 1960s, when he happened to witness firsthand what has become a cause célèbre in American social welfare history: the attempt by the mayor of Newburgh, New York, to impose a remarkably strict welfare code in the city, designed to severely restrict relief, surface "cheats" and "chiselers," and "scare the hell out of these people." Clearly, this disturbing controversy about "deserving" and "undeserving" clients made a deep impression on Lefkowitz and started him on his quest to understand what has happened to America's youths and why this culture treats them as it does. *Tough Change* is one of several Lefkowitz works that examine life's casualties and society's response to them.

Indirectly, *Tough Change* raises a number of enduring questions for professionals who work with very troubled or unpopular clients—street kids, delin-

quents, substance abusers, chronic welfare recipients, and so on. The book will move thoughtful readers once again to examine their most basic beliefs about the nature of helping and our willingness to assist people in need. *Tough Change* forces us especially to examine the extent to which we believe clients themselves are responsible for their problem-filled lives, as opposed to their being the victims of circumstances beyond their control. Whether they are or not, some clients' lives sometimes *seem* hopeless *Tough Change* gives us a compelling portrait of some of these lives and in a quiet, subtle way tests our commitment to doing something about them.

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Oldtimers and Alzheimer's: The Descriptive Organization of Senility. By Jaber F. Gubrium. Greenwich, Conn : JAI Press, 1986 Pp. 222 $24.75.

A marked increase in the number of persons surviving into the seventh, eighth, and ninth decades of life has generated considerable interest in physical and mental disorders of older adulthood. Increasingly, the development of chronic dementia, particularly Alzheimer's disease, is described as one of the most debilitating events in later life. Writers have cast the conditions in dramatic language, calling dementia "the silent epidemic," "the disease of the century," and "the most devastating of illnesses." Indeed, such phrases have come to codify the public culture of senile dementia, prefacing grant proposals and research reports as well as journalistic accounts and self help books Again and again, we are reminded in media reports, Alzheimer's disease is *not* normal aging.

And yet, as reviews of the medical literature show, the distinctions between normal aging and senile dementia are far from clear. Conceptually, it remains uncertain whether the organic and behavioral markers generally associated with dementia are in fact features of illness or signs of aging. What in one context can be understood as the neuropathology of disease, we discover, can be interpreted as the neuro-organicity of aging in a developmental frame of reference. Thus the rub—an empirical problem in the sociology of medical knowledge that serves as the point of departure in *Oldtimers and Alzheimer's*, an ethnographic study of the descriptive organization of senility.

Gubrium explores the paradox that emerges when identical phenomena may be understood as normal or as pathological—as signs of normal aging and decline, the trials of growing old, on the one hand, or as markers of disease and disintegration, on the other. Using what he terms an interpretive approach, "tamed by studied attention to empirical codes or structures" (p. 3), the author examines written, visual, and oral descriptions of Alzheimer's disease in an attempt to show how the diverse phenomena associated with dementing conditions are organized under the rubric of illness. In doing so, he addresses a series of issues emerging from the normal-aging-versus-disease dilemma, drawing on C. Wright Mills's distinction between private troubles and public issues. According to this perspective, illness may be understood as a way of interpreting experience, quite apart from physical or mental manifestations of pathology, dependent on descriptive processes that organize disparate experiences into common realities He carefully outlines medical interpretations of the facts, distinguishing fact from facticity, "objective facts" from "facts-in-use," then examines the rationale behind medical interpretations

and the ways in which they are elaborated. He broadens the focus as he traces the development of the "public culture" of senile dementia, examining the ways in which the national disease organization has provided a language for description of personal troubles associated with the illness experience. It is the concrete, particular aspects of the care-giving process that help to reveal the experience of dementia in later life.

Much of what is understood to be "medical" about Alzheimer's disease and aging, Gubrium shows us, is a function of social construction, a product of the descriptive work that emerges in written, visual, and oral accounts of senile dementia. Such descriptive efforts supersede the scientific grounds in establishing dementia as disease, he argues. Dementia is a "social disease," a "unified entity distinct from aging," he concludes, spread descriptively in the service of those attempting to come to terms with the real and urgent burdens and losses that mark the illness experience. As such, he maintains, it is unnecessary to pursue the question of whether there is a distinct, organic reality portrayed in presentations of dementia. The social facts are givens, collective representations, as Durkheim would have it, calling forth organized responses from educators, researchers, and clinicians.

While the study is philosophical in nature, it carries implications for development of research and clinical practice. From a research perspective, the book points to the importance of phenomenological and narrative methods in continued study of care-giver functioning and adaptation. We need to further our efforts to understand the relationships between description, communication, behavioral phenomena, and social circumstances if we are to appreciate the practical meanings of the illness experience. The descriptive work of the realities—"the philosophies, semantics, gray areas, art, contexts, elaborations, publication, applications, the silence" (p. 210)—helps us to know what is real for patients and family members: "what angers, burdens, interests them, and destroys their loved ones" (p. 205). In the context of psychosocial intervention, the study helps us to understand the varied ways in which family care givers come to make sense of the illness experience. He specifies a series of affective and cognitive "rules" that guide the education of family care givers, thereby helping them to reframe perplexing and bewildering phenomena as signs of illness. Particularly useful is Gubrium's review of developmental models of care-giver adaptation and his discussion of the therapeutic implications of such formulations.

Admittedly, workers involved in advocacy efforts and self-help groups may find themselves uneasy with Gubrium's thesis. Medical researchers, too, may find his conclusions provocative. Nonetheless, he is respectful of efforts in both domains, affirming the needs of patients and family care givers. "Caregivers and victims of Alzheimer's disease suffer terribly, a never-ending funeral Any concerted effort on their parts to make Alzheimer's the disease of the century is because, in the actual experiences of all concerned, it is precisely that" (p 207). The care that he has taken in assembling the empirical evidence and the thoughtfulness of his argument make *Oldtimers and Alzheimer's* an important study in the sociology of medical knowledge as well as a valuable addition to the literature in social gerontology.

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Legal Services for the Poor: A Contemporary Analysis of Interorganizational Politics. By Mark Kessler. Studies in Social Welfare Policies and Programs, No. 6 (Westport, Conn.: Greenwood Press, 1987), Pp. 183.

This book reports an empirical study designed to evaluate the criticism by the conservative right and the liberal left of the legal service agencies funded by the National Legal Service Corporation. Five such agencies, all located in one state, were examined. The state and the agencies are not identified. It is a commentary on the times that a promise of anonymity was required before the study could go forward.

A group of 184 individuals were interviewed, including legal service lawyers, administrators, and members of the boards of the governing agencies, judges, community organization leaders, bar association officials, government agency lawyers, and political officials. The agencies surveyed are described by assumed names: (1) *Metro City Legal Services*, serving a county with well over a million persons, 12 percent below the poverty line and 40 percent black. Low-income advocacy groups support the program and make demands on it. It employs 70 lawyers scattered among a handful of offices. (2) *Industrial Region Legal Services*, serving four counties with a population approximately as large as MCLS, the same number of lawyers but with more offices, with 7 percent below the poverty line and approximately 10 percent black. In these counties there are few community organizations that are advocacy minded. (3) *Suburban Legal Services*, serving a county of approximately 500,000 with only 3 percent of the population below the poverty line and 4 percent black. It employs 10 lawyers and operates two offices. There are no active advocacy organizations. It is the only agency that receives $50,000 in funds from the county government. (4) *Rustic Legal Services*, with four lawyers and one office in the county it serves, and (5) *Regional Rural Legal Services* with nine lawyers and an office in each of the three counties it serves, are two rural programs similar to *Suburban Legal Services*. In both communities, approximately 9 percent of the population have incomes below the poverty line and less than 1 percent are black.

Two focal points of conservative attack on legal service programs are that legal service attorneys are to the left on the political spectrum and that these attitudes result in overemphasis on social reform litigation. The study concentrates on these issues. The findings are that the lawyers in the study do fall to the left on the political spectrum, but the attorneys' attitudes did not translate directly into social reform litigation. The author concludes that reform-oriented legal activity will occur only when there are community organizations pushing for such activity and providing needed support. Conversely, when the environment is conservative, bar associations, judges, and politicians will limit legal service to traditional one-on-one relationships. Thus in *Metro City*, where community organizations were numerous, competitive, and supportive, law reform thrived, whereas in *Suburban Legal Services* and in the other organizations studied there were no community organizations oriented to law reform, and the power structure—including bar associations, judges, board members, and politicians—was strongly opposed to social reform litigation.

The study also showed that time constraints resulting from heavy caseloads are a major obstacle to social reform activity. This finding confirms the criticism from the left that legal service agencies neglect social reform activity. Administrative arrangements can be made to free lawyer time, such as excluding certain categories of cases and caseload adjustment, but unless the interorganizational environment favors law reform, the arrangements will not be made, or, if made, law reform activity will not follow.

Indeed, the study indicates legal service programs do not depend for their autonomy on the Legal Services Corporation, from which they receive funds by formula, but on local organizations, which provide a variety of critical resources. In some organizations "money and authority may be the crucial resources providing dependency," but "other resources allocated with discretion, such as political support, respect, information, career assistance and others may become salient in organizations receiving funds by formula."

One of the findings supports a hypothesis in organizational behavior: that the choice of an agency to ally itself with an organization will depend on that agency's ideological bent. Thus, if an agency prefers law reform to service activity it will ally itself with other organizations that will support its preference if there are such organizations in the community. The data suggest this occurred in the *Metro City Legal Services* in a pluralistic community. On the other hand, in *Suburban Legal Services* no legal reform activity took place, in part because the community was monolithic—there were no local organizations oriented to law reform activity to which it could ally itself—and the *Suburban Legal Services* had no choice but to bow to the wishes of the power structure surrounding it. The other three organizations were unable to engage in a substantial amount of law reform activity because they, likewise, were in monolithic environments with considerable external opposition to such activity.

The book is insightful, well organized, and employs the data produced by the study effectively. I fault the methodology in one important respect. With little additional time and expense, it would have been possible to provide a historical dimension to the study, a dimension which is not addressed. It would be significant to learn firsthand the differences in the experience of the legal service agencies and the communities served in the period prior to the Reagan era. Thirty-seven percent of the agency lawyers interviewed had more than 6 years experience, and one would reasonably expect some of this group were working in a legal service agency prior to 1981. Many of the other interviewees—board members of the agencies, bar executives, judges, government lawyers and politicians—may have been able to answer questions concerning the contrast.

Aside from this one criticism the study is excellently conceived. Undoubtedly, it will be asserted that the study is valueless since it is dangerous to generalize about a national program on the basis of one state. A national study would be desirable and this, to say the least, is a good pilot study. I would be surprised, however, if the conclusions of this study were not confirmed by a national study. It is understandable that a large majority of legal assistance lawyers are liberal in their outlook. Only lawyers who can identify with the poor and their problems are likely to take on the substantial caseloads typical of legal aid offices at salaries less than half those paid to beginning associates in private practice. Nor is it surprising that the local environment shapes the activity of legal service lawyers. In suburban conservative communities, such as that in which *Suburban Legal Services* operated, one would expect that judges, bar associations, government agencies, and political offices would try to strangle law reform activity, and that in metropolitan areas, with a substantial part of the population at the poverty level and strong racial and ethnic groups, there would be strong pressure and support for law reform activities. To put it simply, political realities will shape programs at the local level. The author puts it more eloquently.

> By its very nature, legal services work involves poverty lawyers in political arenas. Legal services attorneys represent the interests of those with few political and financial resources Because the activity of poverty attorneys has the potential, however remote, of effecting

basic changes in the prevailing distribution of resources, their work inevitably generates concern, if not open hostility, among well-organized, powerful interests. Poverty lawyers, simply because they represent indigent clients in a class-stratified society, have opportunities to challenge the policies and practices of powerful organizations and individuals. It should come as no surprise that established groups employ their power to preclude legal services lawyers from bringing these challenges to court.

Some 40 years ago I wrote an article describing the report of an English commission headed by Lord Rushcliffe proposing a national program of legal assistance in England ("The Rushcliffe Report," *University of Chicago Law Review* 13, no. 2 [February 1946]: 131, whose title caused it to languish in obscurity; it did not become a part of standard legal aid bibliography). I stated that over 100 million Americans had no access to legal aid and urged a federal grants-in-aid appropriation for this purpose. My specific proposal was as follows:

> We have a history of federal grants-in-aid for education, for maternity benefits, for public housing, for relief, for old-age assistance, and for assistance to dependents, blind persons, and physically and mentally handicapped children. A modest federal appropriation, something less than the cost of a small battleship, for aid to the states in developing legal assistance would be a great step forward. If grants made out of such an appropriation were tied to a requirement that the states similarly stimulate local communities, a comprehensive system of legal aid to the poor and legal representation to those with low incomes would develop, and equality before the law would become something more than a mouth-filling phrase ("The Rushcliffe Report," p. 143)

The immediate reaction of American Bar Association (ABA) leaders was to assert that this was a step toward socializing the legal profession. At the time, the total expenditure for legal aid and defender organizations in the United States was approximately $6,000,000.

Within 15 years, a government-funded program was begun as part of the War on Poverty, and the ABA was actively lobbying Congress for increased funds and for a reorganization of the program into the Legal Services Corporation to minimize political pressure. By 1981, federal funding reached $321,000,000 and nothwithstanding the many efforts of the Reagan administration to scuttle the program the appropriation remains at approximately $300,000,000.

By today's standards, as demonstrated in the study, my position that money was the answer to the great need for legal assistance would be regarded by some as naive. But my article was written from the perspective of a legal aid lawyer of 60 years ago working for the Legal Aid Bureau of the United Charities of Chicago, where I was one of a staff of ten lawyers handling approximately 20,000 applicants a year. While we did succeed in getting some legislation passed to provide protection to employees, such as wage assignment and wage collection laws, legal aid work for us was service to individuals. Law reform activity thru class actions came into being with the federal program. There is little doubt that this type of litigation is effective in dealing with problems affecting whole segments of the population. But the day-in, day-out handling of legal problems for clients is the heart of legal service. I take great satisfaction from the fact that despite the Reagan attack, legal service continues on a scale beyond my vision of 40 years ago, and that we are slowly but surely progressing to equal protection under law.

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Brief Notices

Beyond Altruism: Social Welfare Policy in American Society. By Willard C. Richan. Monographic suppl. no. 3 to **Administration in Social Work.** New York: Haworth Press, 1987. Pp. 238. $29.95.

An introductory text intended for undergraduate and first-year graduate students. The author defines terms, provides background on policy issues, and includes an extensive reference list.

American Philanthropy. 2d ed. By Robert H. Bremner. Chicago History of American Civilization Series. Chicago: University of Chicago Press, 1988. Pp. 291. $28.50 (cloth); $10.95 (paper).

In this revised and enlarged edition, the author provides a social history of American philanthropy from colonial times to the present. The volume includes an updated chronology of important dates and a revised bibliographic essay on the literature in the field.

Social Skills Training: A Practical Handbook for Assessment and Treatment. 2d ed. Edited by James P. Curran and Peter M. Monti. Washington Square, N.Y.: New York University Press, 1986. Pp. 448. $16.50.

This is the paperback edition of the original 1982 publication. Contributors are clinicians and researchers who present the strengths and limitations of social skills training techniques.

Introduction to Human Service Networks: History, Organization and Professions. By Robert P. Scheurell. Lanham, Md.: University Press of America, 1987. Pp. 956. $67.50.

Designed as a reference text, this volume seeks to present the interrelationship between the broad field of human services and the profession of social work. Each chapter is fully documented and includes a list of suggested readings.

Social Security Traditions and Their Global Applications. By John Dixon. Belconnen, Australia: International Fellowship for Social and Economic Development, 1986. Pp. 155. $15.00.

This book presents a comparative analysis of the values associated with social security systems in the United States and other nations. The comparisons are

drawn according to program strategy, geographic location, government, and economy.

Understanding Human Behavior and the Social Environment. By Charles Zastrow and Karen Kirst-Ashman. Chicago: Nelson-Hall Publishers, 1987. Pp. 630. $28.95.

This textbook presents theories and research about human growth and development. The authors discuss internal and external variables that influence human behavior. Several case examples are presented.

Psychotherapeutic Strategies in the Latency Years. By Charles A. Sarnoff. Northvale, N.J : Jason Aronson, Inc , 1987. Pp 374. $37 50.

This book presents a study of the role of cognitive development and the unconscious in latency-age adjustment and psychopathology Case material provides a variety of treatment contexts and strategies.

Treatment Techniques for Common Mental Disorders. By Joan D Atwood and Robert Chester. Northvale, N.J · Jason Aronson, Inc., 1987. Pp. 335. $30 00.

The authors identify the most common emotional disorders, describe symptoms, review theory and research, and present techniques and strategies for treatment.

Gender Reclaimed: Women in Social Work. Edited by Helen Marchant and Betsy Wearing Sydney Hale & Iremonger Pty, Ltd , 1986 Pp. 264 $29 95 (cloth); $14.95 (paper)

A collection of papers by Australian social workers The contributors examine gender inequality, the nature of power relationships, and the influences of feminist perspectives on social work education and practice.

Gender and Stratification. Edited by Rosemary Crompton and Michael Mann. Cambridge: Polity Press, 1986 Pp 271 $49 95 (cloth), $15 95 (paper)

A collection of papers by British authors. Current feminist theory and stratification analyses are discussed. Implications for future social science research are drawn.

Visions for the Future: Social Work and Pacific-Asian Perspectives. By Daniel S Sanders and Joel Fischer. Honolulu. University of Hawaii School of Social Work, 1988. Pp. 186 No charge.

A collection of papers by leading scholars, government officials, and international organization executives that addresses future social welfare developments in the Pacific-Asian region. International and cross-cultural issues are discussed as influences on human services programs.

Welfare Abroad: An Introduction to Social Welfare in Seven Countries. Edited by Roslyn Ford and Mono Chakrabarti. Wolfboro, N.H.: Scottish Academic Press, 1987. Pp. 195. $30.00 (cloth); $19.95 (paper).

Definitions of welfare in Western parliamentary democracies, a Marxist-Leninist state, and a Third World democratic republic are presented and discussed in this collection of papers. The type of state, its organization, and level of development are discussed as influences on welfare programs.

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Index to Volume 62

Subjects

Authors

Reviews

Book Reviews

Software Reviews